

**EVALUATING THE EFFECTIVENESS  
OF DRUG COURTS IN IDAHO**

**REPORT TO**

**GOVERNOR DIRK KEMPTHORNE**

**AND**

**THE SECOND REGULAR SESSION OF  
THE 57<sup>TH</sup> IDAHO LEGISLATURE**



**IDAHO SUPREME COURT  
January 12, 2004**

**TABLE OF CONTENTS**

**PAGE**

**EXECUTIVE SUMMARY ..... 4**

**I. Introduction And Overview ..... 8**

**II. Evaluating Idaho Drug Courts ..... 9**

**III. Accomplishments And Work In Progress ..... 16**

**IV. The Idaho Drug Court System ..... 25**

**V. Challenges Facing Drug Courts In Idaho ..... 41**

**VI. Background On Development Of Idaho  
Drug Courts ..... 46**

**VII. A Wider Point Of View: Drug Courts in  
The United States – The State Of The Art ..... 48**

**FIGURES**

**Figure 1. Idaho Drug Court Map ..... 26**

**Figure 2. Idaho Drug Court Utilization – 2003 ..... 27**

**Figure 3. Participant Characteristics ..... 28**

**Figure 4. District Allocations of State Funds for FY2004 ..... 30**

**Figure 5. Drug Court Coordinating Committee Membership ..... 35**

**Figure 6. Idaho Drug Court Judges ..... 38**

**APPENDIX A: Idaho Drug Court Act 19-5604 ..... 52**

**APPENDIX B: National Drug Court Guidance ..... 54**  
**Ten Key Components of Drug Courts**  
**National Drug Court Institute Policy**  
**Considerations – Department of Justice**

**APPENDIX C. Principles of Drug Addiction Treatment  
of the National Institute on Drug Abuse ..... 56**

**APPENDIX D. Eight Principles of Effective  
Correctional Intervention ..... 57**

**REFERENCES AND RESOURCES ..... 58**

# EVALUATING THE EFFECTIVENESS OF DRUG COURTS IN IDAHO

## 2003 EXECUTIVE SUMMARY

### A YEAR OF SOLID ACHIEVEMENT

It has been nearly three years since the passage of the Idaho Drug Court Act. The past year was a year of solid achievements and selective expansion for Idaho drug courts. The strategic commitment to a statewide system of drug courts was sustained by the continuing partnership of Idaho's three branches of government. In a year of unprecedented economic challenges, a stable funding mechanism was created, assuring the continuity of drug courts in Idaho and providing an example for the rest of the country. The first of a series of outcome evaluations of the two oldest drug courts showed important reductions in criminal recidivism.

While these achievements are important, the words from the sister of an Idaho drug court graduate captures the heart of our drug courts' accomplishments: *"I cannot tell you the change that drug court made for our family. We have my brother back again."*

Idaho drug courts were actively guided by the court-appointed Statewide Drug Court Coordinating Committee, which was chaired by Supreme Court Justice, Daniel J. Eismann. This committee of key stakeholders includes judges, legislators, prosecutors, defense attorneys, rehabilitation and criminal justice professionals, local elected officials, law enforcement leaders, and drug court graduates oversees operations and sets policy

### ACCOMPLISHMENTS DURING 2003

**DEDICATED FUND ESTABLISHED** The first accomplishment for drug courts in 2003 was Legislation adopted by the Idaho Legislature establishing a 2% surcharge on distilled spirits sold through the State liquor dispensary and dedicating these revenues to the support of drug courts and family court services. This fund is expected to generate a total of approximately 1.5 million dollars annually and provide \$960,000 for basic drug court support such as coordinators, drug testing and basic supplies. This dedicated fund, subject to appropriation, commits a stable financial base for drug courts in Idaho, a critical foundation for future development and expansion.

**OPERATING GUIDELINES WERE ADOPTED** The Statewide Drug Court Coordinating Committee adopted *Guidelines for Effectiveness and Evaluation of Adult Drug Courts in Idaho*, providing operational guidance and a consistent basis for evaluation of Idaho's adult drug courts.

**OUTCOMES WERE EVALUATED** Outcome evaluations were completed for the Kootenai and Ada County drug courts by Latessa and Listwan, Center for Criminal Justice Research,

Cincinnati, Ohio. Both drug courts showed reduced criminal recidivism (re-arrests) for their participants versus the comparison groups. Graduates of these two drug courts had particularly positive outcomes. Only 20% of Kootenai and 19% of Ada County graduates had a subsequent arrest while 53% of the Kootenai and 63% of the Ada County comparison group was rearrested during approximately three years of the follow-up period.

**STATEWIDE IMPLEMENTATION WAS ASSESSED** A process evaluation survey was conducted of all Idaho drug courts to determine if these drug courts have been fully and appropriately implemented. Findings provided clear direction for continued improvement in drug court operations and priority areas for further development, based on the growing body of outcomes research.

**RISK / NEED ASSESSMENT WAS STRENGTHENED** Drug courts continued to strengthen the use of the Level of Service Inventory-Revised or LSI-R for offenders participating in drug courts. The Idaho Department of Correction provided continued training of assessment personnel. The adopted drug court guidelines have emphasized the importance of using the results of the LSI-R to tailor services to the specific criminogenic needs of the individual, as well as for determining acceptance into drug court.

**RESEARCH – BASED TREATMENT MODELS WERE ADOPTED** Drug courts emphasized an “integrated treatment model” in which both addiction and criminality are identified as primary, co-occurring conditions to be addressed in a concurrent and integrated manner. In an effort to implement research-based treatment approaches, training was provided to drug court teams and local treatment providers. Selected models include the *Matrix Model of Methamphetamine Treatment*, the *Idaho Model Cognitive Self-Change (CSC)* program, and *Moral Reconciliation Therapy (MRT)*. In addition, two grants enabled drug courts to provide a wider continuum of treatment including residential treatment, aftercare services, mental health assessments and counseling, and family treatment.

**MANAGEMENT INFORMATION SYSTEM WAS EXPANDED AND IMPROVED** The statewide drug court management information system was expanded to more counties and the system upgraded to provide for better reports and a data transfer capability for the statewide evaluation efforts. Progress was made in the development of a state-level data warehouse, augmenting the current county-specific case management and data reports used by local drug courts.

**MENTAL HEALTH SERVICES WERE EXPANDED** Many drug court participants have significant mental health issues, including severe and persistent mental illness. Their mental health symptoms interfere with their successful participation in drug court and contribute to continued use of alcohol or drugs. By the end of 2003, many drug courts reported dramatically increased collaboration and access to mental health services. This has resulted from leadership from the Department of Health and Welfare for regional mental health programs to work more closely with drug courts. The most encompassing collaboration between mental health and the drug court occurred in the 7<sup>th</sup> Judicial District. The 7<sup>th</sup> District recognized the inability of some mentally ill participants to successfully complete drug court, leading to the creation of a mental health court, which was strengthened through a federal Department of Justice grant received during 2003.

**ADDITIONAL DRUG COURTS WERE ESTABLISHED** To further expand access to this cost-effective sentencing alternative, three new drug courts began operating in 2003. Adult drug courts began in Oneida County and in the four-county area of Payette, Adams, Gem, and Washington

counties. A juvenile drug court in Twin Falls County accepted its first case for assessment in December 2003.

**TRAINING WAS PROVIDED** Two drug court teams (Nez Perce and Caribou counties) are participating in national, drug court planning initiative trainings, and others participated in grant-funded, specialized training including Mental Health Court Training, Juvenile Drug Court Judicial Training, Judicial Substance Abuse Training, and the National Association of Drug Court Professionals Annual Educational Conference. In addition, through Department of Justice funds, Idaho held a second, statewide Drug Court Institute, May 15-16, 2003, in Boise, in conjunction with the Idaho Conference on Alcohol and Drug Dependency. Over 600 professionals participated, including nearly 150 drug court team members.

#### **WORK IN PROGRESS**

The year ahead promises an active agenda designed to assure the effectiveness of Idaho's drug courts and a positive return on the investment being made by the Idaho taxpayer. Objectives for 2004 include:

- Complete *Guidelines for Effectiveness and Evaluation for Juvenile Drug Courts*.
- Further strengthen research-based treatment approaches such as the *Matrix Model* and *Moral Reconation Therapy*, and provide training in the effective use of behavioral sanctions and incentives.
- Refine adolescent assessment procedures in juvenile drug court including training to improve use of the juvenile version of the LSI-R and nationally validated alcohol/drug abuse assessment instruments.
- Seek further opportunities to expand mental health courts and further build the interagency relationships between all drug courts and mental health services.
- Expand and strengthen DUI courts in Idaho as part of a new, national strategy to reduce the injuries, deaths, and property damage resulting from drinking-driving crashes.
- Analyze participant data from the statewide process evaluation to determine if drug courts are reaching the appropriate target population - individuals most likely to reduce criminal behavior due to drug court.
- Assess Idaho courts to determine whether additional drug court capacity is needed to assure this sentencing option is available to judges for all eligible defendants.
- Provide further training in use of the drug court Management Information System and extend access for probation officers and for treatment providers
- Develop a series of drug court management reports to be distributed to stakeholders through the data warehouse.

## KEY INDICATORS FOR DRUG COURTS - 2003

There are now thirty-two (32) drug courts operating in Idaho, including drug courts in all seven judicial districts. (See the 2003 Drug Court map that follows.) Of this total, there are sixteen (16) felony drug courts, eight (8) DUI and misdemeanor drug courts, and eight (8) juvenile drug courts. In addition, the “drug court” model has been extended to include one mental health court and one child protection and parent drug court. 562 new cases were accepted into drug courts and 253 participants graduated. Over 1100 individuals participated in drug court in 2003 with 739 participants remaining in Idaho drug courts at the end of 2003. There were eleven (11) babies born, drug-free. Forty-one judges were presiding over a drug court or other problem-solving court at the end of the year.

Although there is a great deal of variation among those in drug court, the following data provide some insights into the drug court population: (from data collected in Ada County)

- 39% lack high school diplomas or a GED
- participants have used drugs for an average of 15 years, in many cases, for half their lives
- The average age of participants is just over 31 years of age
- 45% of drug court participants are female
- 58% of participants were unemployed at the time of entering drug court
- The street value of the drugs used averages \$129.47 per day
- 87% of participants gained and maintained employment during drug court
- Graduates increased their annual wage by an average of \$12,433.70 per year

## CONCLUSIONS

National and local evaluation evidence continues to support drug court’s cost-effectiveness. Idaho’s drug courts appear to be working and are an important element of a cost-effective criminal justice policy. Drug courts in Idaho faced numerous challenges in 2003, yet they also achieved significant accomplishments. Thanks to the creation of the dedicated fund, there is a solid foundation in place. The Drug Court Coordinating Committee will assess how to make this important sentencing option available to all Idaho judges and all appropriate defendants. Future reports will detail the resources necessary to accomplish this goal.

**For the full report, refer to “Drug Courts” at: [www2.state.id.us/judicial](http://www2.state.id.us/judicial)  
For questions or additional information contact:**

**Patricia Tobias, Administrative Director of the Courts  
(208) 334-2246 / [ptobias@isc.state.id.us](mailto:ptobias@isc.state.id.us)**

## **II. INTRODUCTION AND OVERVIEW**

### **Legislative Intent for Idaho's Drug Courts**

The Idaho Drug Court Act sets forth the Legislature's findings and sets clear goals for drug courts in Idaho.

#### **19-5602. STATEMENT OF POLICY. The legislature finds that:**

- (1) Substance abuse is a contributing cause for much of the crime in Idaho, costs millions of dollars in productivity, contributes to the ever increasing jail and prison populations and adversely impacts Idaho children;
- (2) Drug courts which closely supervise, monitor, test and treat substance abusers have proven effective in certain judicial districts in Idaho and in other states in reducing the incidence of drug use, drug addiction, and crimes committed as a result of drug use and drug addiction. Successful drug courts are based on partnerships among the courts, law enforcement, corrections and social welfare agencies;
- (3) It is in the best interests of the citizens of this state to expand the use of drug courts in Idaho.

The goals of the drug courts created by this chapter are to reduce the overcrowding of jails and prisons, to reduce alcohol and drug abuse and dependency among criminal and juvenile offenders, to hold offenders accountable, to reduce recidivism, and to promote effective interaction and use of resources among the courts, justice system personnel and community agencies.

#### **Statewide Implementation Status - the Idaho Drug Court Act**

The Idaho Drug Court Act envisioned drug courts operating in every judicial district, serving medium-to-high-risk offenders, matching criminogenic needs to a continuum of treatment services, and using the leverage of the court system to maintain program participation and accountability. State funds were originally appropriated to treat an estimated 525 individuals. By October 31, 2003 there were 32 drug courts in Idaho (excluding mental health and child protection courts), operating in every judicial district, serving 739 participants through integrating the available state funds with federal grants, local funds and participant fees.

HB 379 provided for a dedicated fund, resulting from a 2% surcharge on distilled spirits sold through the State Liquor Dispensary, and the Legislature appropriated 1.5 million to be shared among drug courts (at an estimated \$900,000) and family court services and court assistance services. These funds will fund infrastructure components of the drug court including drug court coordinators, operating funds and drug testing. Continued general funds are allocated specifically to the drug court treatment services through the appropriation to the Department of Health and Welfare for Substance Abuse services.

Three new courts began in 2003. Adult drug courts began in Oneida County and in the four-county area of Payette, Adams, Gem, and Washington counties. A juvenile drug court in Twin Falls County, accepted its first case for assessment in December 2003. Figure 2 illustrates the breakdown, by district, of all drug courts and the number of participants. Drug court participation increased by approximately 18% from the end of 2002 through October, 2003. This increase reflects continued movement toward full capacity by the eleven newest drug courts, including juvenile drug courts, which have begun their operations since January 1, 2002. There was also an increase in participation in both the Ada County adult and juvenile drug courts, while there was a decrease in participants in the 5<sup>th</sup> District, resulting from restriction of admissions resulting from treatment funding limits.

### Summary of Key Drug Court Data - 2003

- 32 Drug courts operating in all seven Idaho judicial districts
  - 16 Felony Drug Courts
  - 8 Misdemeanor / DUI Drug Courts
  - 8 Juvenile Drug Courts
  
- 2 Problem-solving courts modeled after drug court and serving primarily drug dependent or mentally ill and drug dependent persons, are operating in the 7<sup>th</sup> Judicial District:
  - 1 Mental Health Court
  - 1 Child Protection and Parent Drug Court
  
- 562 Individuals admitted to drug court                    1/1/2003 - 10/31/2003
- 253 Individuals graduated from drug courts            1/1/2003 - 10/31/2003
- 11 Drug free babies born                                    1/1/2003 - 10/31/2003
  
- 739 Individuals were participating in drug courts on    10/31/ 2003
  
- 41 Judges were presiding over drug courts and other problem solving courts as of 12/31/03

### III. Evaluating Idaho Drug Courts - A Three-Phase Project

The Idaho Supreme Court sought and was awarded a federal Office of Justice Programs grant to contract with an outside evaluator to analyze data from each drug court to report on key indicators of the success of Idaho's drug courts. This evaluation effort will allow Idaho drug courts to report on their success to the Governor, the state legislature, as well as to other potential funding bodies. It will also allow the state to contribute to national evaluation efforts.

In 2001, the University of Cincinnati, Center for Criminal Justice Research, was contracted by the Idaho Supreme Court to provide an evaluation of its drug court efforts. The evaluation consists of three phases. In the first phase, the Kootenai and Ada County Drug Courts were selected for outcome evaluations. The second phase includes a statewide process evaluation that will detail how well selected drug courts across the state have been implemented, how effectively they process their cases, and whether they are serving their intended target

populations. The process evaluation will also illuminate the challenges that will be encountered in the statewide outcome evaluation. Finally, the third phase will provide an outcome evaluation of drug courts across the state. The evaluation effort is designed to inform the courts and stakeholders of how well drug courts have been implemented and their overall results.

### **Phase I – Kootenai and Ada County Outcome Evaluation**

The initial outcome evaluation of Kootenai and Ada counties was completed in April 2003 by Shelley Johnson Listwan, Ph.D. and Edward J. Latessa, Ph.D., of the Center for Criminal Justice Research, Cincinnati, Ohio. This evaluation provided encouraging results as well as a series of recommendations for strengthening operations and evaluation efforts.

The outcome evaluation used a quasi-experimental matched control group design in order to estimate the impact of the drug court involvement on future criminal behavior. Each court was asked provide data on a sample of participants and also to identify a comparison group consisting of individuals similar to those participating in the drug court, but who did not receive any of its services. Random assignment to groups (e.g., drug court versus comparison) was not feasible; however, groups were matched with regard to selected demographic characteristics as well as the presence of a substance abuse problem. In addition, the comparison group members had to be eligible for the drug court. There were 141 offenders selected for the Kootenai County sample and 250 offenders in the Ada County sample. Kootenai County identified 133 comparison group members and Ada County identified 161. In October and November of 2002, the Idaho State Police, Bureau of Criminal Identification collected the necessary recidivism data for drug court and comparison cases.

### **Conclusions from Phase I - Outcome Evaluation**

The first Idaho drug court outcome evaluation contained relatively positive findings across both courts. Both courts showed a positive impact with their intended populations. While the effect was significantly greater for the Ada County Drug Court, participants from both courts had lower recidivism rates in contrast to comparison group members. While the differences between courts are not directly comparable given the difference in court and target population, we can conclude that the courts are enjoying a certain degree of success as measured by recidivism. More research and data is needed to explain the effects.

For both courts, it appears that graduates are a highly successful group. This is in line with the current research that finds that graduates fare better than comparison group members (Peters, Haas, and Murrin 1999). In both courts we found the arrest rates among graduates to be quite low, especially in comparison to the non-graduates or those unsuccessfully discharged from the program. We can speculate based on this finding that those individuals who receive the full “dosage” of treatment and finish the program are most positively impacted, at least in terms of future criminal behavior.

Summaries of the Kootenai County and Ada County outcomes follow:

## **Kootenai County Outcomes - Evaluation Study 2003**

### ***Characteristics of the drug court and comparison groups***

- The majority of the evaluation and comparison samples were Caucasian, male, 28 years of age, and not married.
- The drug court participants were more likely to report some degree of post-high school education than comparison group members. The majority of drug court participants worked at least part time.
- The majority in both groups were arrested for possession of methamphetamine or other drugs.
- A higher percentage of drug court participants had a prior record, including a prior record involving drugs, than the comparison group
- The majority of drug court participants cited use of stimulants (most often methamphetamine) followed by marijuana and reported that they began using drugs between ages 14 and 18; 60 percent reported daily use of drugs .

### ***Recidivism of drug court participants***

- At the time of the study, 27 individuals were still enrolled in the program, 41 had graduated, and 76 were terminated for a variety of reasons.
- While not statistically significant, the drug court group was less likely to be arrested for a new offense (41%) in contrast to the comparison group members (53%).
- In terms of charge at arrest, the groups were more similar with 46 percent of the arrests in the drug court group being for a drug offense versus 55 percent of the arrests in the comparison group. 55 percent of the arrests for the drug court group was for a felony versus 46 percent of the arrests in the comparison group.
- A significant difference was found when looking at multiple arrests. Only 10 percent of the drug court group was arrested more than once versus 24 percent of the comparison group. Of those arrested multiple times only 15 percent of the drug court group was arrested twice in contrast to 29 percent of the comparison group. It is important to note that while we did not have data pertaining to disposition or incarceration, a majority in both groups were arrested for a felony charge and may not have been “at risk” as the charge could have resulted in their subsequent incarceration.
- Males, those with a prior record, and those at-risk longer were more likely to be rearrested.

### ***Outcomes of those who complete the drug court***

- Among graduates, only 7 (20%) were rearrested during the follow-up period. This was in contrast to 60 percent of the non-graduates and 53 percent of the comparison group members. Of those arrested, 14 percent of the drug court group were charged with a drug offense in comparison to 54 percent of the non-graduates and 55 percent of the comparison group members. Graduates were also less likely to be arrested for a felony charge. Importantly, none of the graduates were arrested more than once during the follow-up period, whereas 30 percent of the non-graduates and 24 percent of the comparison group members were arrested.

## **Ada County Outcomes – Evaluation Study 2003**

### ***Characteristics of the drug court and comparison groups***

- The majority of both groups were Caucasian, male, and not married.
- The average age of the drug court participants was 30 years of age.
- The drug court participants at intake were more likely to report some degree of post-high school education. Forty-seven percent of the drug court participants reported being unemployed, however, the remaining 53 percent reported having a part or full-time job. This was significantly different from the comparison group members who were more likely to report full time employment.
- The majority in both the drug court and the comparison group had a prior record, and a prior record involving drugs, but the drug court participants were significantly more likely to report a prior record.
- The majority of participants reported marijuana as their drug of choice, that they began using drugs between ages 14 and 18, and 78 percent reported daily use.

### ***Recidivism of drug court participants***

- At the time of this study, 56 individuals were still enrolled in the program, 91 had graduated, and were 71 discharged.
- A statistically significant difference in arrest rates emerged with 38 percent of the drug court participants arrested for at least one offense during the follow-up period in contrast to 63 percent of the comparison group members.
- Overall, the comparison group members (65%) were (statistically significantly) more likely to be arrested for a drug related charge than the drug court participants (46%). The majority in both groups, however, were arrested for felony offense
- Only 22 percent of the drug court group was rearrested more than once versus 51 percent of the comparison group.
- Among graduates, only 17 (19%) were rearrested during their post-graduation follow-up period. However, 77 percent of non-graduates and 63 percent of comparison group members were rearrested during the follow-up period. Comparison group members were also more likely to be arrested for a drug charge (65%) when compared to the graduates (47%) and non-graduates (44%). Graduates were statistically less likely to be arrested for a felony in comparison to the other groups. Finally, graduates were less likely to be arrested multiple times during the follow-up period.

## **Recommendations Based on Phase I Evaluation**

The following are important considerations, given the evaluation findings.

- Drug courts should make strong efforts to retain more participants to graduation.
- In order to assess the impact of the drug court model statewide, more detailed evaluation information should be collected. This would include social demographics, prior record, offense information, court process data, assessment results, substance use and severity, supervision and treatment activities, drug testing results, and outcome information. All of this information will be contained in the ISTARs management information system when it is offered to each drug court across the state. As much information as possible should be collected on both participant's and comparison group members. Important questions such as non-graduate point of drop out of the program, level of satisfaction with the services, services received, and treatment intensity could not be answered with the existing data in the Phase I evaluation. These data would allow for better overall assessment of court operations and why there is success with some and not others. This information would allow each court to adjust their policies and possibly their target population to increase their overall effectiveness and impact on the community.
- The facilitation of a statewide process and outcome evaluation will require the cooperation among a great number of individuals. Drug courts will be required to submit data for the evaluation and provide narratives detailing the development, implementation, and operations of their court. In addition, the selection of an adequate comparison group will be essential in answering the question of whether drug courts "work" in Idaho.

### **Phase II - Statewide Drug Court Evaluation: A Process Evaluation:**

To assess Idaho's drug courts' effectiveness, it is first necessary to determine if the program is being implemented as designed and in accordance with research-based principles of effective offender intervention. A process evaluation is the accepted procedure for assurance of successful implementation and resulting ability to reliably evaluate outcomes. During 2003, a detailed survey was conducted of all Idaho drug courts. This survey assessed a wide variety of program operation and design elements, with many survey questions derived from the Correctional Program Assessment Inventory (CPAI). The CPAI has been widely used in a variety of correctional program settings across the country, including drug courts, and shows a strong degree of correlation with program outcomes. Additional elements of the survey were drawn from the nationally recommended drug court key components. Finally the survey elicited information on team operation, community support, and needs for training and other support from the Idaho Supreme Court. The results of this have now been compiled and analyzed, resulting in the following conclusions.

Among the responses from 21 surveys: (District 7 reported all felony courts together and all misdemeanor courts together)

- 40% of adult and 40% of juvenile drug courts completely adhere to the established eligibility criteria
- Unsuccessful participants fail quickly, on average within 7 months
- Successful participants spend an average of 14 months in drug court
- Just over 50% report that aftercare is available
- Just over 50% report having a clear outline of rewards and consequences

- 10 courts reported a graduation rate over 50%
- all adult courts use the LSI
- 60% report treatment services are fair or poor, citing a variety of reasons including funding, staff, consistency, training and attrition
- Need for increased support or collaboration among the team was a common response
- 25% of adult and 40% of juvenile drug courts reported experiencing some type of negative change such as service cuts, staff attrition, reduced community resources
- A variety of needs were cited including data collection resources, inpatient beds, more staff, aftercare, employment opportunities and mental health treatment access along with needing additional support from the Supreme Court for training, funding for staff and treatment, reduced data collection requirements, and inter-county data connectivity

Based on the Process Evaluation Survey several recommendations have been provided to strengthen both the operations of the Idaho drug courts and the ability to further evaluate their outcomes and impacts.

- Strengthen availability of standard data in an automated system
- Develop comparison groups with adequate data for comparison purposes
- Strengthen use of LSI-R by using it for specific treatment planning and for reassessment to gauge progress
- Improve graduation rates
- Provide a planned and structured aftercare
- Improve the effectiveness of the use of sanctions and rewards
- Reexamine and adhere to eligibility and exclusionary criteria and match services provided to the needs of the population served
- Improve quality of treatment provided through selecting proven models and implementing them consistently
- If funding is deemed inadequate consider if the state is trying to serve too many participants with existing resources
- Assure effective leadership and communication within each drug court team
- Assure effective teamwork: disagreement is acceptable but cooperation is essential
- Increase communication at team meetings
- Share assessment and reassessment results with team and treatment providers
- Assure each drug court is being delivered according to the design and to the right people

These findings and recommendations will provide a structure for further assessment of drug court operations and for a dialogue among team members on how to strengthen operations and improve outcomes. They will also provide a roadmap for development and procurement of statewide resources for training and technical assistance to support local efforts.

### ***Future Phase II Process Evaluation Activities***

An important element of the process evaluation is to determine if the drug court is serving the intended target population, and to clearly illuminate the characteristics of the

population being served. In addition, in preparation for the outcomes phase of the statewide evaluation, an appropriate comparison group must be identified and a reliable source of comparable data identified for this group. Collection and analysis of client level data is pending, awaiting development of refinements to the drug court management information system software. This software upgrade, scheduled for early 2004, will allow for downloading of the participant characteristics to the evaluation contractor, for analysis. However, challenges to this aspect of the evaluation will remain, as not all drug courts are yet able to use the management information system and others have not yet been able to enter all participant data. In addition, the selection of the comparison group, and the collection of comparable data on this group, remains problematic. Staff reductions to the drug courts, statewide, have complicated the original plan of generating detailed data on individuals screened for drug court but not admitted to drug court. An alternative approach has been proposed to select cases from the court's overall ISTARs data system and assess the available data about those cases that will be in that system, once the state level data warehouse is in place.

As a result of these challenges, the process evaluation is being completed in two steps. The positive outcome of this dilemma is that the drug courts will have the benefit of the recommendations coming from the first step in the process evaluation and will be able to strengthen and stabilize services prior to the onset of the outcome evaluation. In addition, federal funding, in form of a treatment grant received by the Supreme Court, from the Substance Abuse and Mental Health Administration, will be able to augment elements of the statewide outcome evaluation, assuring that Idaho will be in a position to assess and understand the results achieved in its drug courts.

***Phase III - Statewide Drug Court Evaluation: Outcome Evaluation***

The final evaluation component will be assessment of participant outcomes, statewide:

- What are the completion rates of offenders who enter the drug court?
- Are the drug courts effective in reducing recidivism?
- Are the drug courts effective in reducing substance abuse?
- Are there other positive outcomes associated with drug court participation / graduation?
- What are the characteristics of successful participants versus those who do not graduate?

Data will be gathered from such sources as the offenders themselves, jail records, pre-sentence reports, treatment agencies, probation officers, case files, and official record checks. Pre- and post-test instruments for offenders and interviews with program and court staff will be included within the evaluation design to assess offender change and perceptions regarding program operations and effectiveness.

**Timelines For The Statewide Drug Court Evaluation**

Phase I	Ada and Kootenai County Outcome Evaluation	4/30/02	(Completed)
Phase II A	Process Evaluation (Drug Court Survey)	1/31/04	(In Draft)
Phase II B	Process Evaluation (Participant Data Analysis)	11/1/04	
Phase III	Statewide Outcome Evaluation	11/1/05	

#### IV. DRUG COURT ACCOMPLISHMENTS and WORK IN PROGRESS

##### **Statewide Guidelines for Effectiveness and Evaluation of Adult Drug Courts in Idaho**

One of the major accomplishments of 2003 was the development and adoption of statewide guidelines for adult drug courts by the Statewide Drug Court Coordinating Committee. Drug courts across a state as large and diverse as Idaho, obviously must respond to many different circumstances, community expectations, and available resources. At the same time, research is becoming clear about the elements that lead to the greatest positive outcomes in drug courts. It is both an appropriate role and a statutory mandate for the Coordinating Committee to provide useful leadership to all Idaho drug courts by developing guidelines. Finding the right balance between local autonomy and statewide consistency was a major challenge. Guidelines for drug courts serving adults were completed as the first step. To implement these guidelines, each drug court team has been asked to use a consistent checklist to assess their current compliance with the guidelines and to develop a plan for addressing priorities for improvement.

In 2004, work will be undertaken to develop corresponding guidelines for juvenile drug courts. Juvenile drug courts represent a much less fully developed and researched model. The degree to which the principles of effective offender programs apply to juveniles is uncertain although there are some promising practices as well as a few well researched programs for juveniles that have application in the drug court arena. A technical assistance request will be made to get a national expert in adolescent offender treatment to assist in developing the juvenile drug court guidelines and the State of North Carolina, Administrative Office of the Courts, has expressed interest in partnering with Idaho in identifying juvenile drug court best-practices as well as evaluation designs specific to evaluation of juvenile drug courts. Dr. Douglas Marlowe also expressed interest in working on such a project.

The full text of the adult drug court guidelines is available on the Idaho Supreme Court homepage under Drug Courts. ([www2.state.id.us/judicial](http://www2.state.id.us/judicial))

##### **Implementing Research-Based Best Practices**

Evaluations of drug court outcomes across the country have shown considerable variation in participant outcomes. While reasons for these variations require continued analysis, there are well established, research-based principles of effective correctional programs or “best practices”. There is good reason to expect these principles to directly apply to drug courts and it is prudent public policy to emphasize adherence to these principles in Idaho drug courts. These principles have been incorporated into the adopted *Statewide Guidelines for Effectiveness and Evaluation of Drug Courts*. Several activities have been carried out during 2003 to strengthen Idaho drug courts application of these principles.

##### **Assessment of Risk and Needs - The LSI-R**

Research and evaluation into the effectiveness of drug courts has clearly demonstrated that how services are provided makes a difference. It is also critical that treatment be targeted to those who are assessed as being at medium and high risk of recidivism. National evaluations have shown that intensive treatment, when delivered to low risk offenders, increase rates of recidivism. National research has also demonstrated considerable difference ineffectiveness across different drug courts. The type and quality

of the treatment and the appropriate targeting of participants are major variables that affect outcomes.

A primary principle of effective correctional programming is obtaining an accurate assessment of criminogenic risk and needs of program participants. Idaho has continued to strengthen the use of the Level of Service Inventory-Revised or LSI-R throughout its programs for offenders, including offenders participating in drug courts. The Idaho Department of Correction is primarily responsible for the administration of the LSI-R for the felony offender population, including those considered for drug court. It is increasingly understood, even as it is increasingly supported by research findings, that it is important to provide intensive interventions such as drug court to “medium” to “high-risk” offenders and to avoid enrolling low-risk offenders in such intensive programs or mixing low-risk and higher-risk offenders in the same programs. Working relationships between drug courts and the Department of Correction have been enhanced through closer communication at the district level and visible support from IDOC leadership. This, in turn, has expedited obtaining LSI-R assessment of felony drug court candidates. During 2003, IDOC has emphasized quality assurance and quality improvement in the LSI-R assessment process and has provided ongoing training not only to its own staff but to drug court personnel across the state. The adopted drug court guidelines have emphasized the importance of the use of the LSI-R in determining acceptance into drug court and in determining programs and services to be provided to drug court participants.

Risk assessment of the juvenile drug court population lags behind the adult population. A very few jurisdictions have access to resources administer the youth version of the LSI-R. There are no standardized assessment instruments being used with juveniles in the various juvenile drug courts. This is a major focus of the BYRNE grant for juvenile drug courts and will be a part of our technical assistance request in the coming year. Most of the juvenile drug courts have expresses interest in reexamining their assessment process and a willingness to explore the selection of a statewide protocol for assessment.

### **Demonstrating a Comprehensive Offender Assessment and Treatment Matching Process**

The 7<sup>th</sup> Judicial District has extended the integral use of the LSI-R in felony drug court to the misdemeanor population. Through resources provided by a Byrne grant, the 7<sup>th</sup> District will conduct a project of potential national significance, in which misdemeanor cases in the district, including those participating in the misdemeanor drug courts, will receive an LSI-R as a key part of service and supervision planning. Low-risk and high-risk offenders will be served in separate and customized services based on their risk to re-offend and specific needs. At the conclusion of the two-year project, important data will be available on the characteristics of the misdemeanor population and on the impact of delivering services and supervision based on risk and needs. This information will replace stereotypes and assumptions about misdemeanor offenders with real data and determine the best ways to allocate scarce service and supervision resources.

During 2004 continued efforts will be made across the state’s drug courts to provide information on the importance of use of the LSI-R for assessment of drug court candidates and on how to use the information provided through this assessment in developing an effective treatment plan. In addition, use of the LSI-R as a part of the statewide drug court evaluation will be standardized and LSI-R data collection will be

strengthened across the state's drug courts. A process to utilize the LSI-R for reassessment, to gauge progress in reducing the risk to re-offend will be developed.

### **Implementing the Matrix Model Methamphetamine Treatment**

The National Institute of Drug Abuse recently concluded a multi-site trial of a manual-based treatment approach for stimulant use disorders, including methamphetamine dependence. The findings of the evaluation were very positive for this treatment approach. Methamphetamine abuse / dependence is rampant in the State of Idaho and consistently is a primary drug of abuse among many (or the majority) drug court participants. In 2003 the Idaho Supreme Court was awarded a Byrne grant to enhance treatment in juvenile drug courts for methamphetamine abusing or dependent youth. The Matrix Model has been chosen as an important element of the treatment model for these courts. An initial orientation to the model was provided to juvenile drug courts in the summer of 2003 and further training will be provided in 2004. The 6th District adult felony drug court treatment provider is using the Matrix Model with their treatment population with a good response. Further expansion of this model will be fostered in other adult drug courts in the state in 2004 through offering training and consultation to treatment providers and orientation on the model to drug court teams. It is important to note that the Matrix Model accommodates our preferred design of integrating cognitive restructuring interventions along with other substance abuse/dependence treatment elements in our treatment approach. It also accommodates attention to other physical and mental health issues, and to family involvement and related support services, which we believe will become more prominent in drug court efforts in the years ahead.

### **Use of Cognitive Behavioral Treatment and Cognitive Restructuring**

Idaho drug courts have increasingly emphasized an "integrated treatment model" in which both addiction and criminality have been identified as primary, co-occurring conditions to be addressed in a concurrent and integrated manner. Cognitive restructuring interventions together with intensive addiction treatment and relapse prevention efforts are the treatment of choice of Idaho drug courts.

Research, with the offender population, has clearly found cognitive behavioral treatment approaches, specifically targeting antisocial attitudes, values and thinking patterns, along with other criminogenic needs, to be the most successful at reducing recidivism. Idaho drug courts currently use two cognitive behavioral programs that are directly designed to address this target area.

#### **Idaho Model Cognitive Self-Change (CSC)**

The Idaho Department of Correction has undertaken a comprehensive update of its widely used cognitive restructuring program "*Cognitive Self-Change*" and a statewide effort to retrain CSC group facilitators. In several districts, drug court participants are taking part in the newly designed CSC program as an integral element of their overall treatment.

#### **Moral Reconciliation Therapy (MRT)**

Moral Reconciliation Therapy is a well-evaluated and proven, cost-effective cognitive restructuring program. It is designed to advance the decision-making and judgment of participants toward more pro-social choices and resulting constructive behavior. Through two federal grants, adult and juvenile drug court

team members, including treatment provider staff have received training in the methods of providing MRT and MRT groups are underway in five of the seven districts.

***Quote “Our MRT has proven to be so popular that four probationers not in drug court came in and asked to be allowed to participate in the MRT groups.” Max Sprague, Power County Drug Court Coordinator***

### **Expanding the Continuum of Treatment Available to Drug Court Participants - Residential and Aftercare Treatment Grant**

The initial design of treatment for Idaho drug courts was based on use of outpatient treatment and almost no access is available for participants to receive residential treatment. Research has generally supported the efficacy of outpatient treatment when long-term outcomes of treatment completers are analyzed. However, this same body of research indicates that one of the main limitations of outpatient treatment is keeping people in treatment or “retention”. Participants who are unable to establish abstinence in an outpatient setting are unlikely to remain in treatment, and indeed, in drug court, such participants are likely to be terminated from the program or spend considerable in jail, as a sanction. To determine if the addition of residential treatment could improve drug court retention and success rates, a grant was submitted to the federal Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. In late, 2002, the Idaho Supreme Court was notified that this grant was selected for funding. It will provide \$1,200,000 over a three-year period to provide for residential treatment for 90 individuals participating in felony drug court programs in Districts Three, Six, and Seven..

In addition, the funding awarded will also allow for the development and pilot testing of a structured, cognitive behaviorally focused, aftercare component. Aftercare has clearly been demonstrated as an important element to achieve continued recovery and reduced recidivism but current funding levels in the Idaho drug court treatment system make provision of such aftercare difficult. In addition, there is no standard for such treatment nor are there current consistent models to assure that aftercare continues the most effective treatment approaches – namely cognitive behavioral treatment.

In the summer of 2003 the Supreme Court received a state-administered, federally funded Edward J. Byrne grant to make residential treatment available for participants of juvenile drug courts. These funds, \$900,000 for the three-year grant period, have made it possible for young drug court participants who are unable to gain control of their alcohol/drug use in the standard program, to receive a more intensive treatment regimen, followed by a return to an extended outpatient treatment service. The Byrne grant, specifically focused on the explosion of methamphetamine use among Idaho youth, also added extended outpatient treatment for young people as well as mental health assessment and treatment and parental assessments and parental substance abuse treatment when parental addiction is interfering with the young persons recovery. Finally, the CSAT grant will support development of a structured transition and aftercare service to assure that gains made in the active treatment phase of drug court are maintained and generalized for long-term recovery, as drug court participation is tapered off and the person eventually graduates. Research has shown that structured, appropriate aftercare services can double the effectiveness of the initial treatment.

## **Expanding Collaboration with Mental Health Services**

As more data becomes available on the incidence of mental illness among the alcohol and drug dependent offender population, the anecdotal observations of the drug courts in Idaho are further substantiated: many of the drug court participants have significant mental health issues including severe and persistent mental illness. Their mental health issues and / or symptoms of mental illness interfere with their successful participation in drug court as well as contribute to continued use of alcohol or drugs. During 2003, the Drug Court Coordinating Committee deliberated on the appropriate approach to the co-occurrence of alcohol / drug dependence and mental health issues. The guidelines adopted by the Coordinating Committee guide drug courts to accept persons with mental health issues whenever it is possible for them to participate. Every effort should be made to refer these participants to mental health services and to communicate with their mental health provider about treatment progress and drug court requirements, as is done with other service providers who work within the drug court team. The Department of Health and Welfare has stepped up to encourage regional mental health programs to assist drug court participants through mental health screening and assessment, provision of consultation on treatment planning to drug court teams, provision of mental health services whenever the participant meets department eligibility criteria or to assist in referral to community providers for those who are Medicaid eligible. Many drug courts report dramatically increased opportunity for interaction with mental health resources and access to services for their participants.

Challenges remain in integrating mental health treatment with other drug court activities, and in gaining access to mental health services for some drug court participants, either because of geographic isolation from services or lack of individual eligibility. The most encompassing collaboration between mental health and the drug court has been in the 7<sup>th</sup> Judicial District where recognition of the inability of some mentally ill participants to successfully complete drug court led to the creation of a mental health court. This was accomplished through a close working relationship between drug court and the Region VII Mental Health program to develop a specialized court process for those individuals who became involved with the criminal justice system and who were a current client or eligible for Assertive Community Treatment.

This project is being further strengthened, through a federal Department of Justice grant, for mental health court. This two-year grant has allowed augmentation of local resources for such program components as staff training, integrated mental health and addiction treatment, primary health care, residential alcohol/drug treatment and halfway house care, transportation, weekend case management and medication management, and an innovative partnership providing a peer-to-peer program, using trained mental health consumers, through the local chapter of the National Alliance for the Mentally Ill. This project has been expanded from its initial focus on felony participants to misdemeanor participants who are actually being diverted from the traditional criminal justice system to a mental health court process. It is hoped that in 2004, further opportunities will be found to extend the mental health court model as well as to continue to build the interagency relationship between drug courts and mental health services.

## **Strengthening Capacity Through Training**

Because drug court requires the performance of new roles and the restructuring of old roles for all team members, significant initial training is needed in order to implement a new drug court.

The high level of collaboration and coordination of services requires ongoing cross-disciplinary training. The commitment by public policy leadership in Idaho to utilizing research-based best practices drives continued review of the research and a commitment to continuing education for drug court professionals.

During the past year, three teams have participated in national drug court team training. The National Drug Court Institute, with funding from the Department of Justice, sponsors a series of three trainings through which a drug court team becomes educated on drug court processes and prepared to plan its program and apply for federal implementation funding.

In addition to the national team training, drug court team members also participated in other national training during 2003, including Mental Health Court Training, Juvenile Drug Court Judicial Training, a Judicial Substance Abuse Training, and the National Association of Drug Court Professionals Annual Educational Conference.

In addition, through another federally funded initiative, Idaho received a statewide drug court enhancement grant that paid for participation in a second, statewide Idaho Drug Court Institute, held May 15-16, 2003 in Boise, in conjunction with the Idaho Conference on Alcohol and Drug Dependency. This well-received and highly rated educational program reinforced information provided through the initial team trainings and also exposed drug court team members to nationally known experts on substance abuse treatment, assessment and treatment planning, adolescent treatment, and cognitive behavioral therapy. This educational event also provided for many networking and collaborative learning opportunities for court and criminal justice professionals and alcohol/drug treatment professionals.

**Work in Progress includes:**

- A third drug court institute is planned in conjunction with the Idaho Conference on Alcohol and Drug Dependency, May 17 – 20, 2003 in Boise. This Institute will again bring national experts to Idaho to present research based best practices and related skill development workshops in such topics as drug court team skills, effective use of sanctions and incentives, family involvement in treatment, advanced skills for delivery of *moral reconnection therapy*, and a variety of other special topics. Training for the new drug court teams and team members will also be held as part of the Institute. Funding for this Institute will again come from federal Department of Justice and Center for Substance Abuse Treatment drug court grants.
- A major task in the coming year will be to further stabilize the residential treatment component of the adult and juvenile drug court grants, to extend the adult residential services to one or two more districts, pending federal approval, and further develop and implement the aftercare component of this grant. In addition to the provision of treatment, these grants include an evaluation component. The Evaluation includes collecting initial data, as well as 6 and 12-month follow-up data, on the participants and providing these data to the funding agency as well as incorporating the data into the Statewide Drug Court Evaluation.
- A second grant related project for the coming year, will be to implement a statewide adolescent assessment protocol, using nationally validated instruments and taking advantage of opportunities to obtain technical assistance from national experts. Such a

statewide protocol will allow more comparable data to be collected on the level of alcohol and drug use / dependence as well as other risks and needs among juvenile drug court participants.

- Many drug courts were fortunate enough to have their initial teams participate in national drug court team trainings, around the country. However, team members change over time and while it is critical that all team members be thoroughly educated in the drug court model, it is not possible for new members to receive the national training. Thus, continued refinement and provision of the basic competency drug court team training to new drug court members is a priority for the coming year.
- A major element of the drug court intervention approach is the effective use of graduated sanctions and incentives. The Drug Court Institute will provide intensive training in the use of sanctions and incentives with Dr. Douglas Marlowe, who has done considerable research and training in this area with treatment programs and drug courts across the country.
- Drug Courts in Idaho are operating under the umbrella of a body of research work often referred to as “What Works”. This research has illuminated a number of important principles and approaches that hold promise of assuring that Idaho’s drug courts achieve the anticipated outcomes and reductions in criminal recidivism. To reinforce these research-based drug court elements a team education and training package has been developed and was piloted in District Three. This training is available to drug court and related human services organizations across the state from the Statewide Drug Court Coordinator.
- Training in implementation of drug/alcohol treatment research-based models will be further emphasized in the coming year. This will include training in adolescent substance abuse / dependence assessment, the Matrix Model treatment approach, advanced facilitation skills for delivery of Moral Reconciliation Therapy, and models of family intervention and support.
- Idaho drug court teams have also requested assistance in “team building and teamwork skill development”, to facilitate effective and efficient team functioning. Because of the multidisciplinary nature of the drug court team, it is critical to develop problem solving and decision making skills and to assure that the team works in a collaborative and non-adversarial manner, while also assuring the ethical and professional issues of each of the participating disciplines are understood and respected in the process. A team development training package is being developed by the State Drug Court Coordinator, with assistance from faculty and students of the Boise State University Department of Performance Technology and will be available upon request.

## **Management Information System**

Expectations for drug courts to operate in an accountable and effective manner requires that there be a comprehensive management information system, capable of providing day to day client tracking functions and also management reports. The Drug Court Coordinating Committee determined that expanding the capability of the already existing trial court information system

(ISTARS) would insure that data definitions and collection would be consistent throughout the state. A Management Information System Design Committee, comprised of court clerks, judges, drug court coordinators, administrators and others with specialized expertise, developed guidelines that were used to develop a drug court management information module for ISTARS (Idaho Statewide Trial Court Automated Records System). This system is used by Idaho courts to manage and track all court cases filed and calculate statistics for all court and case types in the state. It is an expanding and adaptable tool, or application, that is subject to ongoing growth and development as needs, rules, and standards change.

Justice Systems, Incorporated, completed the initial drug court MIS software application in May 2002. District One, Kootenai County Drug Court conducted the initial testing and provided substantial invaluable input for refinements. The first installations of the system began in July 2002. At the end of 2002, the system is available in 22 drug courts. In addition to connectivity to ISTARS, the application is also available to users for installation on an individual personal computer, so that it can be used in those jurisdictions not yet on the new ISTARS system. By the end of FY 2004 the system is planned to be available to all drug courts.

**Work in Progress includes:**

The agenda for the coming year is to complete installation of the system on ISTARS wherever available and to install the application on freestanding computer systems across the state. Efforts will also be made to add access to the system for probation officers and for treatment providers, with a goal of all elements of the drug court system being able to input real-time information on drug court activities and progress. In addition to installation, further training in use of the system will be provided and a series of management reports will be distributed once the planned Idaho Supreme Court data warehouse is operational. The data warehouse will allow state level preparation of reports for a variety of stakeholders across the system.

**Figure 7 shows the implementation goals and target dates for the drug court management information module, system-wide.**

**Figure 7 Drug Court Management Information System - Implementation Goals**

**ISTARS/DRUG COURT MIS/INSTALLATION DATES**

<b>Judicial District</b>	<b>County(s) Served</b>	<b>ISTARS or PC based</b>	<b>Target Date</b>
First	Kootenai – Misdemeanor	ISTARS	Installed
	Kootenai – Felony	ISTARS	Installed
	Kootenai – Juvenile	ISTARS	Installed
	Benewah – Felony	PC Based	Installed
	Bonner – Felony/Misdemeanor	PC Based	Installed
Second	Clearwater – Felony	ISTARS	Pending
	Idaho/Lewis – Felony	ISTARS	Installed
	Latah – Felony	ISTARS	Installed
	Nez Perce – Felony	ISTARS	Installed

Third	Canyon – Felony	ISTARS	Installed
Fourth	Ada – Felony/Misdemeanor	PC Based	Pending
	Ada – Juvenile	PC Based	Pending
Fifth	Mini-Cassia Minidoka – Felony	ISTARS	Installed
	Mini-Cassia Minidoka – Juvenile	ISTARS	Installed
	Twin Falls – Felony	ISTARS	Installed
Sixth	Bannock – Felony	ISTARS	Installed
	Bannock – Misdemeanor	ISTARS	Installed
	Bannock – Juvenile	ISTARS	Installed
	Oneida – Misdemeanor/DUI	PC Based	Installed - PC
	Power - Misdemeanor	PC Based	Installed - PC
Seventh	Bingham – Felony	ISTARS	Installed
	Bingham – Misdemeanor	ISTARS	Installed
	Bingham – Juvenile	ISTARS	Installed
	Bonneville – Felony	ISTARS	Installed
	Bonneville – Misdemeanor/DUI	ISTARS	Installed
	Bonneville – Juvenile	ISTARS	Installed
	Jefferson – Juvenile	ISTARS	Installed
	Madison/Jefferson/ Fremont – Felony/DUI	ISTARS	Installed
	Madison/Jefferson/ Fremont – Misdemeanor	ISTARS	Installed
Teton – Misdemeanor	ISTARS	Installed	

## V. THE IDAHO DRUG COURT SYSTEM

### Location / Type / Capacity of Idaho Drug Courts

The map that follows (**Figure 1**) details the court type, the location and the projected participant capacity (the number of participants that can be admitted at any given time) for each of Idaho's thirty two currently operating drug courts, including mental health and child protection drug courts. The numbers and locations are shown as of December 31, 2003. Drug courts now operate in every judicial district. In 2003 two new adult drug courts began operation - Oneida County and the Quad-County area comprised of Washington, Payette, Gem, and Adams Counties. One additional juvenile drug court, focused exclusively on methamphetamine cases, has begun in Twin Falls County. Two additional problem solving courts (mental health court and child protection parent drug court) based on the drug court model have been developed in Bonneville County that may serve as examples for other jurisdictions in the State.

	District Projected Capacity	Participants 10/03
• 16 adult felony drug courts:	532	467
• 8 Misdemeanor drug and/or DUI courts:	196	141
• 8 juvenile drug courts	167	131
<b>Drug Court Capacity / Participants</b>	<b>895</b>	<b>739</b>
• 1 mental health court	35	26
• 1 child protection and parent drug court	10	4
<b>Total projected capacity of:</b>	<b>940</b>	<b>769</b>

### Idaho Drug Court Utilization - 2003

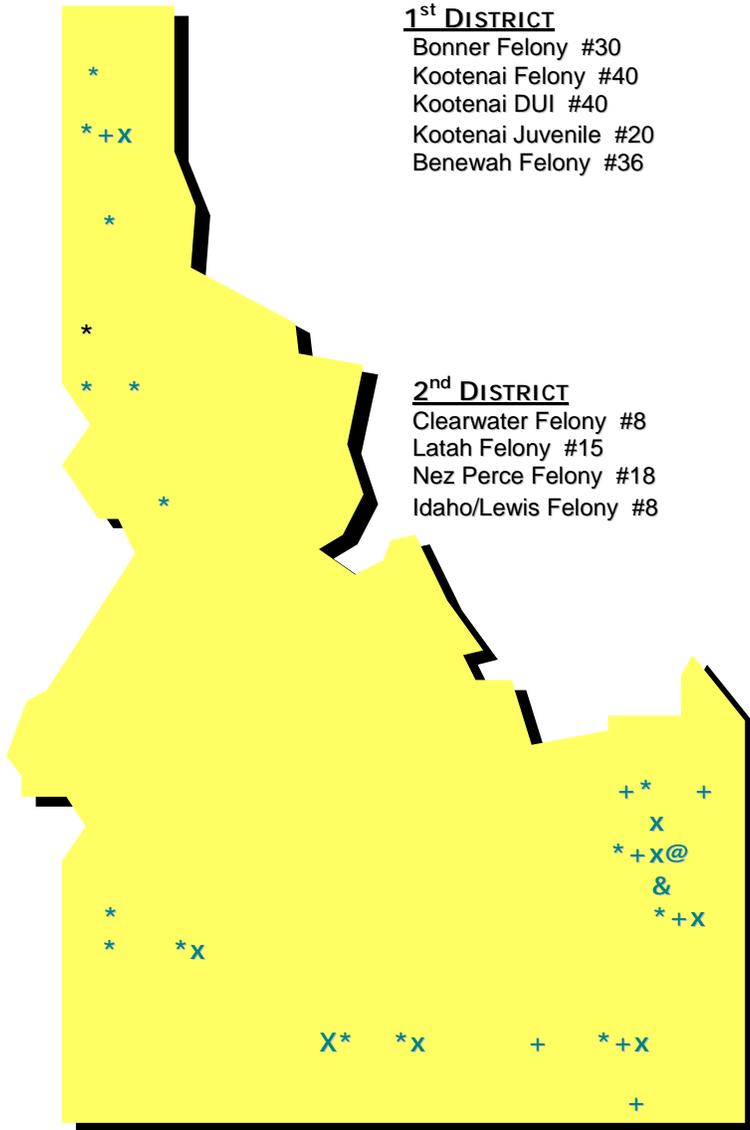
The past year has continued to be a caseload-building year, especially for the Idaho drug courts that began operations in 2001, while the longer-established drug courts have had a generally stable level of client participation. The 5<sup>th</sup> Judicial District, a mature drug court, has limited admissions to drug court because of limits in the treatment funding allocated to their district. The Quad County region of District 3 has also limited admissions because of the inability to provide for probation supervision for additional participants. Generally the requirements of the judicial system preclude participants being placed on a waiting list for drug court entry and when a drug court is "full", individuals must proceed through the traditional system.

**Figure 2 shows calendar-year 2003 utilization data for of each of the Idaho's operating drug courts, displaying participant numbers as of October 31, 2003.**

FIGURE 1.

# 2003 IDAHO DRUG COURTS

Effective 12-31-2003



**1<sup>st</sup> DISTRICT**

- Bonner Felony #30
- Kootenai Felony #40
- Kootenai DUI #40
- Kootenai Juvenile #20
- Benewah Felony #36

**2<sup>nd</sup> DISTRICT**

- Clearwater Felony #8
- Latah Felony #15
- Nez Perce Felony #18
- Idaho/Lewis Felony #8

- \* = ADULT FELONY DRUG COURT
- + = MISDEMEANOR/DUI DRUG COURT
- X = JUVENILE DRUG COURT
- @ = MENTAL HEALTH COURT
- & = CHILD PROTECTION
- # = PARTICIPANT CAPACITY

**7<sup>th</sup> DISTRICT**

- Bingham Felony #20
- Bingham Misdemeanor #24
- Bingham Juvenile #8
- Bonneville Child Protection #10
- Bonneville Felony #30
- Bonneville Misdemeanor #40
- Bonneville Juvenile #15
- Bonneville Mental Health #35
- Jefferson Juvenile #4
- Madison/Jefferson/Fremont Felony #20
- Madison/Jefferson/Fremont Misdemeanor #25
- Teton Misdemeanor #10

**3<sup>rd</sup> DISTRICT**

- Canyon Felony #60
- Quad County Felony #15

**4<sup>th</sup> DISTRICT**

- Ada Felony #120
- Ada Juvenile #25

**5<sup>th</sup> DISTRICT**

- Mini-Cassia Felony #20
- Mini-Cassia Juvenile #30
- Twin Falls Felony #42
- Twin Falls Juvenile #20

**6<sup>th</sup> DISTRICT**

- Bannock Felony #50
- Bannock Misdemeanor #35
- Bannock Juvenile #25
- Power Misdemeanor #12
- Oneida Misdemeanor #10

**Figure 2. Drug Court Participant Report as of October 31, 2003**

District	# of Drug Courts	State Funded Participants	Grant/Other Funded Participants	Total District Participants
District One	5			136
Benewah County/Felony		16	11	
Bonner County/Felony		15	10	
Kootenai County/Felony		33	2	
Kootenai County/Juvenile			16	
Kootenai County/Misdemeanor DUI		33		
District Two	4			42
Clearwater County/Felony		9		
Idaho County/Lewis County/Felony		4		
Latah County/Felony		15		
Nez Perce County/Felony		14		
District Three	2			56
Canyon County/Felony		45		
Quad County Drug Court/Felony		11		
District Four	2			169
Ada County/Felony			133	
Ada County/Juvenile			36	
District Five	3			61
Mini-Cassia Minidoka County/Juvenile		11		
Twin Falls County/Mini-Cassia County / Felony		45	5	
District Six	5			112
Bannock County/Felony		37	1	
Bannock County/Misdemeanor		15	1	
Bannock County/Juvenile		37		
Power County/Misdemeanor		11		
Oneida County/Misdemeanor/DUI		10		
District Seven	10			147
Bingham County/Felony		14		
Bingham County/Misdemeanor		20		
Bingham County/Juvenile		9		
Bonneville County/Felony		29		
Bonneville County/Misdemeanor/DUI		31		
Bonneville County/Juvenile			16	
Madison/Jefferson/Fremont County/Felony		18		
Madison/Jefferson/Fremont County/Misdemeanor		18		
Jefferson County/Juvenile		6		
Teton County/Misdemeanor		2		
<b>Total Drug Courts / Participants</b>	<b>32</b>	<b>508</b>	<b>231</b>	<b>739</b>

**Characteristics of Drug Court Participants**

The Idaho Drug Court Evaluation will provide detailed data on the participants in drug courts, first in Ada and Kootenai Counties (2003), followed by data for all drug courts statewide (2004). Currently, available data from selected drug courts gives us a picture of the population being served. The most complete data comes from the Ada County Drug Court and reflects the participant population as of July, 2003. Figure 3, below, displays characteristics of these drug courts' participants.

### **Figure 3 Characteristics of Drug Court Participants**

#### **Education**

39% lack high school diplomas or a GED  
27% have some college level education, including Associate or Bachelors Degree  
25% of graduates from drug court have returned to school (GED or college)

#### **Drug Use and Drug Charges**

15.37 years is the average number of years of drug use  
\$129.47 per day is the average daily street value of drugs used  
\$5.00 - \$1,800.00 was the recorded range of daily street value of drugs used  
73.5% of participants were charged with possession of amphetamine / methamphetamine  
5% of participants were charged with possession of heroin

#### **Graduation and Criminal Recidivism from Drug Court**

53% of the Ada County participants who left the program, graduated from the program  
11% of graduates have been convicted of new crimes

#### **Age and Gender**

31.51 is the average age of participants  
56 years of age is the oldest participant  
55% of drug court participants are male  
45% of drug court participants are female

#### **Employment**

58% of participants were unemployed at the time of entering drug court  
87% of participants gained and maintained employment during drug court  
\$5.12 per hour represents the average hourly **wage rate increase** of graduates  
\$12,433.70 per year average **annual wage increase** for graduates

#### **Criminality Measured by Risk Score**

In addition, a "snapshot" analysis of cases in Twin Falls County gives us data on the criminogenic risk scores of the felony drug court participants in that county as of October 2002. 89 % of drug court cases from Twin Falls County were assessed using the LSI-R as medium to high risk for their overall criminality and risk of future recidivism. This information is important because it clearly shows that these drug court participants represent the target population of medium to high-risk participants. Such participants are the individuals that the drug court is most likely to have an effect on, with respect to a reduction of criminal recidivism, and therefore provide a positive return on the funding invested in the program.

### **District Allocations of State Funds for FY 2004**

The Drug Court Coordinating Committee recommended, and the Supreme Court approved, the following allocations to each District based on continuation of the funding level provided in FY 2003. While a dedicated fund was created from a 2% surcharge on the gross sales of distilled spirits through the State Liquor Dispensary that is estimated to provide up to \$960,000 for the overall administrative support of drug courts. This support includes funding for district coordinators, operational support, and drug testing, as well as state administrative costs. Because there is no history for these revenues, the administrative funding allocation to the seven judicial districts was maintained at the FY03 level of \$612,500, and state support was budgeted at \$166,000. This leaves a potential unallocated balance of \$181,500 if the fully appropriated level of revenue is received into the dedicated fund. During FY 2004, the actual revenue deposits to the dedicated fund will be monitored to gain an understanding of the actual funds that can realistically be allocated for drug court operations.

In addition to the funds allocated for the administrative support of drug courts, there are State general funds allocated to support drug/alcohol treatment for drug court participants. These funds are appropriated to the Department of Health and Welfare for administration, primarily through the publicly funded treatment network system. In FY 2004 these funds totaled \$1,787,525.

Funding reductions to respond to revenue shortfalls that began in FY 2002, were continued into FY 2004 and had the following effect:

- Funds originally allocated for clerical support for Drug Court Coordinators was eliminated. This will be a high priority for restoration if funds are available.
- Funds for operating expenses to support the Drug Court Coordinator were reduced from \$13,500 to \$5,000 per district.
- \$40,000 reduction in funding for drug/alcohol treatment.

It remains the responsibility of the Administrative District Judge and Trial Court Administrator to determine where funds, including the treatment resources, will be allocated if there is more than one drug court in the district. However, the Executive Committee reaffirmed the drug court funding policy of prioritizing funds to adult drug courts with the exception of the 31 pilot project juvenile drug court slots allocated at 20 slots to district 5 and 11 slots to District 6.

### **Participant Fees**

Drug court participants pay drug court fees, to assist in the financing of the program. These fees also cover a portion of their substance abuse treatment costs (5%). Drug court participant fees are set by Idaho Code § 31-3201(e), at no more than \$300.00 per month per participant but drug court judges consider the financial ability of each drug court participant to pay, and assess the participant fees, up to this maximum. The estimated total of drug court participant fees to be collected in FY 2004 is \$200,000.

### **Figure 4 FY 2004 District Allocations of State Drug Court Funds for Operations and**

## Treatment and the Anticipated Funded Treatment Capacity

JUDICIAL DISTRICT	COORDINATION & OPERATIONS	DRUG TESTING	TREATMENT	FUNDED CAPACITY
First	\$50,000	\$31,000	\$215,822	62
Second	\$50,000	\$24,500	\$170,569	49
Third	\$50,000	\$37,500	\$261,075	75
Fourth	\$50,000	\$32,500	**\$186,265	65
Fifth	\$50,000	\$36,500	\$254,113	73
Sixth	\$50,000	\$39,500	\$274,999	79
Seventh	\$50,000	\$61,000	\$424,682	122
<b>TOTAL</b>	*\$350,000	\$262,5000	\$1,787,525	525
<b>GRAND TOTAL</b>				\$2,400,025

\*\* *Currently not budgeted in drug courts in the 4<sup>th</sup> District*

### **Drug Court and Substance Abuse Treatment Reimbursement Methods**

Allocation of treatment funding to the Department of Health and Welfare assures the continued close collaboration between the Department and the drug courts and includes drug court treatment in the overall system of publicly funded treatment. Three substance abuse treatment options are permitted to drug courts. Treatment services may either be received from “network” treatment providers, from state approved “out-of-network” providers, or in the case of drug courts using non-state funding for treatment, treatment may be received from a treatment provider approved by the Statewide Drug Court Coordinating Committee

Network providers are treatment agencies that operate under subcontract to the State’s single statewide treatment system. An Administrative Management contract was awarded in 2003 based on a successful response to an RFP (Request for Proposals) to Business Psychology Associates, Inc. (BPA). BPA is responsible for overall treatment provider network management, treatment reimbursement, and quality assurance activities. BPA has initiated several activities to strengthen the collaboration with drug courts to assure quality and responsive treatment services and to solicit feedback from the drug court teams across the state. The RFP specified a number of specific expectations for the treatment to be delivered to drug court participants based on evidence based practice shown to be effective in treating this population. These drug court “special population” treatment requirements were incorporated into the contract with BPA to be passed on to members of their treatment network serving drug court participants.

Each District also has the option to arrange for services through out-of-network providers who are “approved” under state treatment facility standards. Using this option, the seventh Judicial District conducted a Request for Proposals process for treatment services. The results demonstrated the desirability of a system where districts can arrange contracts designed to fit their needs and available community resources. As a result of this process, the District was able to negotiate contracts for treatment with significantly reduced group session rates, which allowed the available funds to serve additional participants. The treatment services provided under these contracts are reimbursed at a fixed monthly rate for a set of agreed upon services to an agreed upon maximum number of participants. In addition, the district has contracted separately for clinical quality assurance to provide continued clinical monitoring of the quality of services provided and the drug court coordinator monitors utilization of the treatment contracts. This experience has provided a model for negotiation of special rates for treatment that is being explored in other districts, within the treatment system managed by BPA.

### **Forging Partnerships**

The drug court is dependent upon effectively forging and sustaining a variety of program partnerships, providing for highly collaborative and coordinated services and operations. The drug court requires all participants to adopt new ways of carrying out their responsibilities. In this system, it might fairly be described, that, in drug court, “*everyone gets new shoes*”. Much as certain sports require special shoes to perform successfully, in drug court there is a new way of operating or “new shoes”. Team members have to be willing to leave the “old shoes” at the door and work effectively together, while at the same time never relinquishing their unique roles. As explained in Ethical Considerations for Judges and Attorneys in Drug Court (Freeman-Wilson, 2001), “*drug courts reshape the professional roles of judges and lawyers working in them. Judges, used to working in relative solitude, become part of a collaborative team that includes treatment providers, court personnel, and attorneys. Prosecutors and defense counsel learn to coordinate their efforts to achieve a participant’s recovery from alcohol or drug addiction, muting their traditional adversarial relationship. In the courtroom, the typical lawyer-dominated hearing gives way to conversations between judge and defendant.*” Through this team process all the diverse team members are able to provide input to the judge’s decisions.

### **Drug Court Teams**

The basic and most critical partnership in the operation of the successful drug court is the ***Drug Court Team***. Each of Idaho’s drug courts has a core team, comprised, at a minimum, of judge (serving as team leader), drug court coordinator, prosecutor, defense counsel, probation officer, and treatment provider. These teams are responsible for considering and providing input to every aspect of operation of the drug court and for developing the plan, services, incentives and sanctions, and disposition of each and every case coming into the drug court. Teams meet weekly to review both new applicants and current participant compliance and progress. The team discusses effective court responses, orchestrates the case processing, and handles the myriad administrative and legal details that keep the drug court operating effectively and accountably. Led by the drug court judge, decisions must reflect, over the long run, a consensus reached in the team about case handling and program operations. On many occasions “those drug court shoes pinch” but good conflict resolution skills, along with development of interpersonal trust and confidence in the team’s ability to communicate and share responsibility, keeps the program faithful to the dual mission of community protection and offender rehabilitation.

## **Interagency Collaboration**

Another level of partnership is the collaboration among agencies at both the community and the state level to integrate services and maximize resources to make the drug court program successful. In this collaboration a major guiding principle is continued focus on developing and operating the system in accordance with research based principles of effective offender intervention, often referred to as the “What Works concepts and principles.” “What Works” articulates principles and practices found by research to be common to effective public safety and offender programming. “What Works” research has also identified the offender attributes “criminogenic risks and needs” successful programs must target for change. Through the combined efforts of the Idaho Supreme Court, the Department of Correction, and the Department of Health and Welfare “What Works” forms the foundation of the drug court effort.

**(Appendix D – Eight Principles of Effective Correctional Intervention summarizes major elements of the “What Works” principles.)**

## **Community-Level Interagency Collaboration**

Collaboration includes:

- Provision of community supervision to drug court participants by the community supervision agencies, either County Misdemeanor Probation Services or the Idaho Department of Correction. In order to provide the necessary intense supervision of participants, the Department of Correction has committed one Probation Officer to support felony drug courts in every District. Probation Officers have become part of the drug court team, planning for cases, and carrying out supervision activities, including risk and need assessment, home visits, drug testing, and on occasion, enforcing sanctions such as electronic home monitoring or jail sanctions.
- Regional staff members of the Department of Health and Welfare have participated in system planning, and in some cases, have become members of the drug court team. During 2003, the Department of Health and Welfare has dramatically increased mental health assessments and consultation to drug court teams and where possible, has provided increased access to mental health services to drug court participants. IDHW has worked to determine how drug court participants can better access services managed by the department, including additional alcohol and drug treatment, mental health services, linkage with children and family services, income assistance, and child protection services. In addition, Regional Substance Abuse Authorities have grappled with the needs for community treatment for drug court participants, when the need outstrips the drug court-specific funded capacity. A survey of IDHW and court relations was completed during the summer of 2003, generating a series of recommendations for strengthening for communication and collaborative efforts. A working group continues to meet to develop processes to implement the recommendations.
- Local law enforcement has made contributions to the drug court program in several jurisdictions. They are present in drug court hearings, where they

transport drug court applicants to drug court and take participants into custody when they are assessed jail sanctions, for non compliance with program requirements. In addition, in some areas, local law enforcement provides urine drug testing and works with the drug court to facilitate jail sanctions that still allow participants to attend treatment groups. They have also conducted home visits, curfew and welfare checks, and share information with the other members of the team.

- In some communities the local job service agency has provided staff to be a part of the drug court team, to assist participants fulfill requirements to be employed and access job development resources. Vocational rehabilitation has also provided consultation to assist participants who need retraining or other vocational rehabilitation services.
- Local alcohol and drug treatment agencies are major partners in drug court operations. They have worked to redesign treatment to address the needs of the drug court's phased-treatment regimen, to integrate cognitive restructuring interventions with more traditional alcohol and drug treatment approaches, and to adapt to the accountability and communications requirements of drug court. Treatment providers also provide ongoing cross training to other team members about addiction and recovery issues and the challenges of understanding and developing a relapse-prevention orientation to treatment. In several districts treatment providers are working to develop an effective transition – aftercare element as well as to design a set of phase competencies to determine when a participant is ready to move from one phase to the next.

### **State Level Interagency Collaboration**

- The Supreme Court has entered into an Inter-branch Agreement with the Department of Health and Welfare (DHW). DHW will provide facility approval standards for drug courts treatment providers and reimburse for treatment services provided by substance abuse treatment providers under contract with, or approved by, DHW. The Inter-branch Agreement also provides that DHW will provide for training for treatment providers in relevant assessment tools, offender treatment approaches, and the key components of drug courts, will facilitate appropriate communications between treatment and drug court teams, and will assure that treatment providers will participate in case staffing and court sessions.
- The Supreme Court is developing a Memorandum of Agreement with the Idaho Department of Correction (IDOC) Under this agreement IDOC will administer the Level of Service Inventory-Revised (LSI-R), a standardized and validated instrument that will assess the criminogenic risk and needs of drug court participants in multiple treatment domains and determine appropriate treatment. IDOC provide quality assurance oversight to the LSI-R administration to drug court participants and will provide training for misdemeanor probation staff, and others, who administer the LSI-R for non-felony drug court applicants. In addition, the Department of

Correction has committed to provide a probation officer in each District to monitor or supervise participants and participate on the drug court team.

- The Supreme Court has worked with the Idaho State Police, Bureau of Criminal Identification to obtain data that is critical for the recidivism study for the statewide drug court evaluation. This important effort will continue when the outcome evaluation is conducted, in collecting data on recidivism of participants and charges against comparison groups members.

### **Idaho Drug Court Coordinating Committee**

The Idaho Drug Court Act requires the Supreme Court to establish a Drug Court Coordinating Committee. Supreme Court Justice Daniel Eismann serves as Chair of the Drug Court Coordinating Committee. The committee has representation from each judicial district consisting of judges, court administrators, drug court coordinators, prosecuting attorneys, public defenders, state and county probation officers, treatment providers, legislators, and drug court graduates and also includes representatives from key partner state agencies. The Coordinating Committee also has an executive committee that can make decisions when the full committee cannot meet.

**Drug Court Coordinating Committee membership as well as the membership of the Executive Committee is shown in Figure 5.**

**Figure 5. Drug Court Coordinating Committee Membership**

<u>Chairman:</u>	Justice Daniel Eismann	Idaho Supreme Court
<u>Legislators</u>	Patti Anne Lodge	Senator
	Richard Wills	Representative
<u>Governor's Office</u>	Kathy Ruffalo	
<u>Legislative Services Office</u>	Cathy Holland-Smith	State
<u>Judges:</u>	Keith Walker	Mark Beebe
	Gregory Culet	Monte Carlson
	Larry Duff	Eugene Marano
<u>Administrative Director of the Courts</u>	Patricia Tobias	
<u>Court Administrator</u>	Burt Butler	Trial Court Administrator
<u>Drug Court Coordinator(s)</u>	Marreen Baker Burton	Ada County
	Tanya Gomez	Kootenai County
<u>Prosecuting Attorneys</u>	Pat Owen	Ada County
<u>State Appellate Public Defender</u>	Molly Huskey	
<u>Public Defender</u>	Scott Fouser	Canyon County
<u>State &amp; County Probation Officers</u>	Dave Nelsen	Dept. of Correction
	Val Gardner	Bonneville County
<u>Department of Correction</u>	Gary Barrier	State
<u>Commission of Pardons and Parole</u>	Olivia Craven	State
<u>Department of Juvenile Correction</u>	Paul Carrol	State
<u>Regional Sub. Abuse Authority</u>	Barry Jones	Oneida County
<u>Department of Health and Welfare</u>	Pharis Stanger	State
	Nick Arambarri	Region VI
<u>Treatment Providers</u>	Sarah Woodley.	BPA
<u>Mental Health Professional</u>	Libby Engebrecht	Terry Reilly Health Ctr.
<u>Department of Education</u>	Barbara Case/Dir.	BSU
<u>Idaho State Police</u>	Roberta Silva	State
<u>Idaho Transportation Department</u>	Vacant	
<u>Law Enforcement Officers</u>	Lorin Nielsen	Bannock County
<u>Clerk of the District Court</u>	Noel Hales	Canyon County
<u>County Commissioner</u>	Jim Guthrie	Bannock County
<u>Drug Court Graduate(s)</u>	Emily Ray	Graduate
<u>At-large member</u>	Gary Young	District 1

## Executive Committee – Drug Court Coordinating Committee

- ◆ Chair: Justice Daniel Eismann
  - Senator Patti Anne Lodge
  - Representative Richard Wills
  - Kathy Ruffalo – Governor’s Office
  - Judge Brent Moss – 7<sup>th</sup> Judicial District - District J
  - Judge Eugene Marano – 1<sup>st</sup> Judicial District - Magistrate Judge
  - Patricia Tobias – Administrative Director of the Courts

The charge of the Drug Court Coordinating Committee is to establish a drug court implementation plan and oversee ongoing drug court programs. The implementation plan includes a strategy to forge partnerships among drug courts, public agencies, and community-based organizations to enhance drug court effectiveness. The committee is also charged with responsibility to develop guidelines for drug courts addressing eligibility, identification and screening, assessment, treatment and treatment providers, case management and supervision, and evaluation.

During 2003, the Committee worked for several months to develop useful guidelines for the adult drug courts. The Guidelines were adopted September 26, 2003 and the committee will be overseeing implementation efforts throughout the state during 2004, as well as the development of juvenile drug court guidelines.

Another important accomplishment of the guideline development process was the development of a model *Consent for Disclosure of Confidential Information*, to assist drug court teams assure appropriate adherence to federal confidentiality requirements while carrying out the interactive interagency teamwork of the drug court.

The coordinating committee is also required to solicit specific drug court plans, and recommend funding priorities and decisions per judicial district; pursue all available alternate funding; provide technical assistance, develop procedural manuals, and schedule training opportunities for the drug court teams; design an evaluation strategy, including participation in the statewide substance abuse evaluation plan; and design an automated Drug Court management information system, which promotes information sharing with other entities.

### **Drug Court Coordinating Committee Actions**

The Drug Court Coordinating Committee met on May 13, 2003, September 26, 2003 and December 15, 2003. These full committee meetings were further augmented through Executive Committee work throughout the year, to provide coordination, oversight, and direction to the work of drug courts statewide. Areas of consideration and action included:

- Approval of statewide treatment slot allocations and related rates
- Establishment of the funding allocation formula and approval of actual allocations to districts
- Consideration of allocations to pilot projects for juvenile drug courts
- Oversight of continued implementation of a statewide Management Information System

- Consideration of procedures to assure compliance with federal confidentiality regulations, including adoption of a Consent for Disclosure of Confidential Information
- Adoption of Statewide Adult Drug Court Guidelines for Effectiveness and Evaluation
- Adoption of a policy on transfer of cases among drug courts and recommendations for a modification to Criminal Rule 20 on case transfers
- Adoption of policy guidance on acceptance of individuals with mental health issues in drug courts
- Provided guidance and oversight to a statewide evaluation of effectiveness of drug courts in Idaho to commence in 2002 and conclude in 2004

### **The *Catalyst*: Idaho Drug Court Judges**

The drug court's work is carried out by the drug court team, led by the judge, and relies upon staff support and professional/technical guidance from the Drug Court Coordinator. Effective teamwork is essential to an effective drug court. But the *catalyst*, as in a chemical reaction, is the drug court judge. Without the catalyst there is no reaction among the other ingredients. Indeed, continuing judicial interaction with each drug court participant is one of the key components of the drug court. In 2003, research was published showing the critical importance of the regular judicial hearing in reducing criminal behavior among the high-risk offender population. In addition, another key component, assuring "a coordinated strategy to respond to participant compliance" falls primarily to the drug court judge to facilitate, broker, and occasionally mediate. The judge is the team leader and the team captain. In the courtroom, the judge is the leading actor in the drama that is drug court. The perception of the judge's concern, fairness, but insistence on compliance, is a significant element reported by drug court participants when they describe the success of the program in their lives. Adhering to the research-based principles of behavior modification through the imposition of sanctions and the provision of rewards and positive incentives is a major responsibility of the drug court judge. Idaho's drug court judges participate in the program entirely voluntarily and assume a significantly increased workload as a result. However, they also report that the drug court work is highly rewarding and worth the additional effort. As explained in *Community Justice in Rural America* (Dickey, 2002), ". . . judges are key sources of energy for community justice, given the breadth of their judicial experience, their strong feeling of connection to and responsibility for the people in their respective counties, their belief that progress is possible, and their willingness to gather people to solve local problems."

**Figure 6 identifies Idaho's current drug court judges.**

**Figure 6. Idaho Drug Court Judges**

<b>1<sup>ST</sup> DISTRICT DRUG COURTS</b>	<b>Drug Court Judges</b>
Kootenai County DUI	Lawyer ProTem Judges Scot Nass, Susan Weeks, Joel Hazel, and Susan Servick
Kootenai County Juvenile	Judge Benjamin Simpson
Kootenai County Adult Felony	Judge Eugene Marano
Benewah County Adult Felony	Judge Patrick McFadden
Bonner County Adult Felony	Judge Barbara Buchanan Judge Debra Heise Judge Steven Verby
<b>2<sup>ND</sup> DISTRICT DRUG COURTS</b>	
Clearwater County Adult Felony	Judge John Bradbury
Idaho County Adult Felony	Judge John Bradbury
Latah County Adult Felony	Judge John Stegner
Nez Perce County Adult Felony	Judge Carl Kerrick,
<b>3<sup>RD</sup> DISTRICT DRUG COURTS</b>	
Canyon County Adult Felony Payette, Adams, Washington, Gem County Felony	Judge Gregory Culet Judge Juneal Kerrick Judge Lynn Krogh
<b>4<sup>TH</sup> DISTRICT DRUG COURTS</b>	
Ada County Juvenile	Judge John Vehlow Judge Charles Hay
Ada County Adult Felony	Judge Ronald Wilper
<b>5<sup>TH</sup> DISTRICT DRUG COURTS</b>	
5 <sup>th</sup> District Adult Felony Minidoka, Cassia, Twin Falls	Judge Monte Carlson
Mini-Cassia Juvenile	Judge Larry Duff
Twin Falls Juvenile Meth	Judge John Varin
<b>6<sup>TH</sup> DISTRICT DRUG COURTS</b>	
Bannock County Adult Felony	Judge Randy Smith
Bannock County DUI	Judge Dan McDougall (Retiring) Judge Robert Naftz (2004)
Bannock Juvenile	Judge Brian Murray
Power Co Misdemeanor/DUI	Judge Mark Beebe
Oneida DUI	Judge David Evans
<b>7<sup>TH</sup> DISTRICT DRUG COURTS</b>	
Bonneville County Adult Felony	Judge Greg Anderson
Bonneville County Adult Misdemeanor	Judge William Hollerich Judge Keith Walker
Bonneville County Juvenile	Judge Jerry Meyers

Bonneville County Mental Health	Judge Brent Moss Judge Richard St. Clair Judge Linda Cook
Bonneville County Child Protection	Judge L. Mark Riddoch
Bingham County Adult Felony	Judge Jon Shindurling Judge Gregory Anderson
Bingham County Adult Misdemeanor	Judge Ryan Boyer
Bingham County Juvenile	Judge Ryan Boyer
Madison Fremont Teton and Jefferson County Adult Felony	Judge Brent Moss
Madison Fremont Teton and Jefferson County Adult Misdemeanor	Judge Keith Walker Judge William Hollerich Judge Colin Luke
Madison Fremont Teton and Jefferson Juvenile	Judge Michael Kennedy Judge Colin Luke

### **Local Drug Court Innovations**

While efforts are underway to implement statewide guidelines to encourage consistency and use of research-based “best practices”, there still remains significant opportunity and encouragement for local initiative. Districts regularly develop and test innovations to strengthen drug courts and achieve better outcomes. Following are some of the important local innovations that are being tried in individual districts. Through communication among districts, successful innovations can be disseminated to all districts for consideration.

#### **Transitional Housing District One - Benewah County Drug Court)**

Through a unique public – private, community partnership The Benewah County Drug Court has obtained exclusive use of a 6-unit apartment house for drug court participants. One of the apartments is rented to the substance abuse treatment counselor, who serves as building manager. Local churches and civic groups have provided funds to assist residents get established in the complex, which is of course, alcohol and drug free. Such alcohol-and-drug-free housing is a major need and most often not available for participants in drug court and contributes greatly to their efforts to establish clean and sober lives.

#### **Residential Treatment - Districts Three, Six, and Seven**

A 3-year, federal Center for Substance Abuse Treatment grant has been obtained to pilot and evaluate the impact of residential treatment for up to thirty drug court participants each year. This grant will enable a determination of whether access to residential treatment can enable some participants to graduate who otherwise would not be able to successfully complete drug court and, as a result, would have to go to prison. A request is pending with the federal Substance Abuse and Mental Health Administration to expand this effort to the 2<sup>nd</sup> and 5<sup>th</sup> Districts in 2004.

#### **Flat Rate Treatment Contracts - District Seven**

District Seven issued a request for proposals and selected treatment providers who were willing to negotiate a flat-rate treatment contract, featuring lower group-treatment rates. Through this process, District Seven will be able to serve significantly more clients in the coming year and has demonstrated that flexibility in contracting may be an approach to reaching more participants with the existing limited resources. Providing such flexibility in contract development will be integrated into the statewide treatment contract RFP. District 6 is working with its treatment

provider to replicate this approach in Bannock County within the BPA administered treatment network and reimbursement system.

### **Drug Court Alcoholics Anonymous Group – District 3 – Canyon County**

The Canyon County Drug Court has created an “institutional AA” meeting for its members to respond to the need to assure that there is a stable and reliable group for the newest drug court participants to attend, until they are better able to integrate into another of the meetings in the community.

### **Mental Health Drug Court - District Seven - Bonneville County**

Because of limited availability of community mental health treatment, drug courts often need to attempt to screen out prospective participants with significant mental health issues. However, through a close linkage with the Region VII Health and Welfare, Mental Health program’s Assertive Community Treatment project, District Seven has implemented a demonstration “mental health drug court”. This court specifically addresses the needs of the mentally ill and substance dependent individual with a criminal charge. Using the same techniques of collaborative case staffing and planning, continuing frequent court appearances, and sanctions and incentives to reinforce desired behavior, the mental health court works to keep mentally ill defendants out of jail and prison and living stable, crime-free lives in the community. This initial felony offense model has now been expanded to misdemeanor offenders who are involved with mental health services at the time of their offense and often enables a diversion from the criminal justice system.

### **Drug Court Alumni Group - District Four - Ada County**

Ada County Drug Court has continued its alumni group, drawing from its more than 200 drug court graduates. Alumni have organized this group, whose mission is to provide continuing support to drug court graduates in recovery, to carry out projects to support the Ada County Drug Court program, including fund raising and public information, and to sponsor sober recreation and socialization activities. This group also facilitates the use of drug court graduates in a mentoring program. Mentors encourage and support new drug court participants through the early phases of the treatment program.

### **Drug Court Softball Team - District Seven - Bingham County**

District Seven’s Bingham County Misdemeanor Drug Court organized a softball team that competed with other teams in the community including the fire department and law enforcement team. Judge Ryan Boyer refereed several of the games. Following selected games there were picnics for team members and families, with food sponsored by local companies. Such pro-social and drug-free recreational activities model socially acceptable behavior and values and are very important to the life-changes designed for drug court participants.

### **Drug Court Wellness Program - District Two - Latah County**

All participants in the Latah County Drug court are required to participate in a fitness and wellness component as part of the drug court intensive outpatient treatment model. This approach has been commended by, Dr. Alex Stalcup. Dr. Stalcup is nationally recognized addictionologist who has provided a great deal of consultation on the treatment of methamphetamine addiction across Idaho.

### **Juvenile Drug Court Ropes Course - District One - Kootenai County**

The Kootenai County Juvenile Drug Court has contracted with a provider to provide a ropes course experience for all of its juvenile participants.

### **Matrix Model Drug / Alcohol Treatment – District Six – Bannock County**

The adult treatment provider in Bannock county has implemented a research-based manual-driven treatment program which has particularly been successful with stimulant dependent participants.

### **Child Protection and Parent Drug Court - District Seven - Bonneville and Madison Counties**

With the passage of the Adoption and Safe Families Act, neglectful and abusing parents who lose custody of their children (frequently because of their alcohol or drug dependence) must be reconciled with their children within specified timelines or parental rights will be terminated. Using the methods of the drug court, the 7<sup>th</sup> district is attempting to determine if families can be safely reunited and parents retained successfully in treatment through this organized and collaborative intervention.

### **Juvenile Meth Court – District 5 – Twin Falls County**

Finding that juveniles with meth involvement or dependence were the least likely to succeed on probation or in other rehabilitation services, the Twin Falls County Juvenile Court established a juvenile drug court to deal exclusively with meth involved youth. This court will also provide its services in gender-separate elements and will integrate its juvenile detention center with outpatient substance abuse treatment as well as utilize the state Byrne grant to secure parental assessment and treatment where needed.

### **Not-For-Profit Corporation for Drug Court - District One – Kootenai County**

District One has established a not-for-profit corporation, “Kootenai County Drug Court, Inc. in order to encourage and support local fund raising efforts that will increase available community support for the work of the drug court program through provide tax deductions for contributors.

## **VI. CHALLENGES FACING DRUG COURTS IN IDAHO**

### **Funding to Sustain the System and Expand Access**

#### **Managing Reduced Funding**

Idaho’s judiciary, like the rest of the public sector, has struggled to maintain critical services during the past two years of economic challenge. State funding for drug courts was initially established at \$2,818,500. For FY 2003, state funding was reduced to \$2,469,750, a reduction of \$348,750. Based on funds appropriated from the new dedicated fund, the base funding for FY 2004 was set at 2,747,525. The court system has remained mindful of the expressed Legislative intent, from the 2002 session, to preserve these fledgling drug courts and assure the availability of the drug court option in all seven districts. The court will carefully monitor the expenditure of funds during FY 2004, along with actual revenues deposited in the dedicated fund, to determine the necessary funding request for FY2005 and subsequent years.

### **Impact of Reductions in Funds**

Drug Courts have been continued in all judicial districts, albeit with continuation of the reduced funding level established in FY2003. Support was reduced for district drug court coordination activities including funding for the Drug Court Coordinator positions and related operating funds. Funds for needed clerical support were eliminated, and remain a high priority across the state for restoration if funds are available

The current lack of clerical support in most districts has meant that evaluation data collection and other paperwork has fallen to the coordinators. This administrative function, while essential to the accountability of the drug courts, has had to compete with direct client contact and drug court team operational support. Many coordinators and their trial court administrators have reported that the lack of clerical support has been a major challenge to the efficient operation of their drug court during this year. The process evaluation and resulting recommendations highlights the lack of evaluation data, partly a result of inadequate administrative support at the local drug court level.

One challenge is to assure the necessary level of coordination of the drug courts multiple procedures and functions. Drug Court Coordinators in several districts hold multiple jobs, work only part-time, or manage multiple drug court teams across their district. They are expected to support the drug court team(s), assure or provide client case management, oversee the randomization of drug testing, monitor the provision of treatment services, facilitate drug court team staffings and other client planning meetings, and work in the community to educate and foster support for the drug court.

### **Meeting the Growing Demand for Drug Court**

Equally challenging is to enable all judges to have access to the drug court option as a sentencing alternative for all defendants who would be better served in drug court. State treatment funds are projected to serve 525 individuals. With funds from a variety of federal grant funds and critically important local funding, the estimated maximum capacity for drug courts is 895. While the full extent of the need for drug court is not clear, there are reports from four districts of defendants being unable to enter drug court, due to resource limitations on treatment and on probation officer supervision time. These defendants are therefore being sentenced in routine fashion to a more costly and less effective sanction. In addition, there are counties that lack access to a drug court. Beyond the current target population, it is clear that the drug court model is useful for a wider variety of offenders than simply those charged with drug possession. Some drug courts currently accept individuals with other charges. Many offenders can be managed safely and constructively in the community and can be expected to recover from active addiction and become law abiding and tax paying citizens, if only they can be engaged in and retained in treatment, under the strict supervision of a drug court judge.

Finally, there is both local and federal interest in expanding the drug court model to the DUI offender. Idaho has had three DUI courts, all of which have shown great promise for reducing the occurrence of drinking and driving. The Kootenai County DUI court was financed with federal highway traffic safety funds and is a model for DUI courts, in Idaho and nationally. A recently completed evaluation documented good results in reducing further DUI offenses among participants and a high rate of participants graduating . Federal funding for this DUI court has terminated and local and state resources are being used to attempt to keep the program operating.

With the mounting evidence of substantial savings resulting from the drug court investment, drug courts are poised to make a major contribution, when the current economic circumstances recover and allow for expansion. For this reason it is crucial to maintain the foundation in each district upon which to build an expanded system and to collect the necessary data to accurately project the resources needed to provide the drug court alternative to all who could benefit from it.

### **Replacing Federal Grants**

The current federal funds supporting several Idaho drug courts have enabled several counties to implement and evaluate drug courts, both for adults and for juveniles. In addition, federal funds are being used to provide residential treatment and specialized aftercare, as well as gender specific treatment for women. However, as the saying goes “all good things must end” and federal funds, while currently, critically important, are ultimately temporary financing supporting significant elements of the statewide system. It is hoped that drug courts will demonstrate their cost-effectiveness and that additional state funds will be available to continue these drug courts when the federal funds are exhausted.

### **From Drug Courts to Other Problem Solving Courts**

The drug court model began in 1989, in Miami Florida, as a method of dealing with the explosion of drug possession cases, and primarily as an approach to the “first offense” type of case. As the approach has demonstrated effectiveness with a wider range of drug involved offenders, the model has evolved to many different categories of offenses and problems - from adult courts to juvenile drug courts; from felony criminal cases to misdemeanor cases, such as driving under the influence of intoxicants; and even from criminal cases to civil cases, including child neglect and abuse. Drug courts have been adapted to tribal courts through the establishment of Tribal Wellness or Healing Drug Courts. In all of these adaptations, the ten key components can be found. These components provide the theoretical and practical underpinnings for alternative case processing and the marriage of sanctions, incentives and treatment. **(See Appendix B for Drug Court Ten Key Components).**

Idaho has begun the following demonstrations or pilots of these adaptations.

- Mental Health Court (Bonneville County)
- Child Protection and Parent Drug Court (Bonneville County)
- DUI courts (Bannock, Bingham, Bonneville, Fremont, Jefferson, Kootenai, Madison, Oneida, Power, Teton,)
- Juvenile Drug Court (Ada, Bannock, Bingham, Bonneville, Jefferson, Kootenai, Minidoka-Cassia, and Twin Falls)

Evaluation will ultimately determine their value but there is certainly optimism among the operating teams, as they see the positive impact in the lives of their fellow citizens.

Juvenile drug courts warrant special consideration and discussion. The Idaho Drug Court Act envisioned both juvenile and adult drug courts. However, the initial funding appropriated to implement drug courts has emphasized adult drug courts as a means to halt the continued prison population growth pressure. The Statewide Drug Court Coordinating Committee authorized pilot projects of juvenile drug courts, allocating 31 slots for treatment for adolescents participating in drug court (Districts Five and Six). In addition, federal funds were continued during FY 2004 to support three juvenile drug courts (Districts One, Four, and Seven and from

the Byrne grant program in FY2004). Reaching young, drug involved offenders through an effective treatment-focused community alternative is very appealing. Costs in the juvenile system, whether for detention or commitment, are very high while community-based treatment can be provided at a much more reasonable cost. Further, research shows that community-delivered treatment is more effective over the long term than institutionally based treatment.

There are special challenges to the juvenile drug court. Maintaining an effective partnership between the court system and the Department of Juvenile Corrections is a major agenda for the coming year. Development of juvenile drug courts to serve as “reentry courts” is one promising approach to the critical transition back to the community for youthful offenders committed to the Department of Juvenile Corrections and served in state institutions. A federal grant was developed and submitted in FY 2004, to test a reentry juvenile drug court model, but the announced funding was rescinded in response to the federal budget situation. It is hoped that such funding may once again become available to allow for use of the drug court model in a new collaborative manner with the Department of Juvenile Corrections and various county probation departments.

A major challenge is effective work with parents and other family members, whose own alcohol or other drug use can compromise treatment efforts. Idaho juvenile drug courts have developed innovative ways to reach families, including providing in home treatment and the court’s mandating parents to participate in drug court services, including drug testing, if drug use is suspected. Again, through collaborating with the Department of Juvenile Corrections, juvenile drug courts will explore the implementation of *Functional Family Therapy*, a research-based family intervention program. The potential pay-back from an investment in effective drug court participation for young offenders is obviously even greater than for adults, who have shorter tax paying and crime free lives ahead of them. Finally, intervening in the life-wasting cycle of drug use and crime is unquestionably desirable. At the same time, the research base upon which to build effective juvenile drug courts is only beginning to be established and tested.

The Statewide Drug Court Coordinating Committee has established a work group to study and recommend strategies for funding and operating juvenile drug courts, to publish guidelines for effectiveness and evaluation, and to monitor and evaluate the effectiveness of the existing seven juvenile drug court pilot efforts. The cooperation of and collaboration with a number of stakeholders and partners, particularly the Department of Juvenile Corrections, county juvenile probation departments, and the state children’s mental health program, is critical to this effort and will be addressed in the months ahead.

### **Achieving Outcome Goals through Best Practices**

Research and evaluation into the effectiveness of drug courts has clearly demonstrated that *how services are provided makes a difference*. It is also critical that treatment be targeted to those who are assessed as being at medium and high risk of recidivism. Intensive treatment, when delivered to low risk offenders, has been shown to increase rates of recidivism. Research has demonstrated considerable difference in the effectiveness of different drug courts. The type and quality of the treatment, the appropriate targeting of participants, and the tailoring of treatment are major variables that affect outcomes.

### **Assessment of Risk and Need**

During 2004 continued efforts will be made across the state's drug courts to provide information on the importance of use of the LSI-R for assessment of drug court candidates and on how to use the information provided through this assessment in developing an effective treatment plan. In addition, use of the LSI-R as a part of the statewide drug court evaluation will be standardized and LSI-R data collection will be strengthened across the state's drug courts through the drug court management information system.

### **Use of Cognitive Behavioral Treatment and Cognitive Restructuring**

Research has clearly found that for the target offender population, cognitive behavioral treatment approaches that directly target antisocial attitudes, values and thinking patterns have been most successful at reducing recidivism. The University of Cincinnati has developed a skills training for providers addressing the effective delivery of cognitive behavioral treatment. This training will be reviewed as a potential technical assistance for Idaho programs. Idaho drug courts currently use two cognitive behavioral programs that are directly designed to address this target area.

#### **Idaho Model Cognitive Self-Change (CSC)**

The Idaho Department of Correction has undertaken a comprehensive update of its widely-used cognitive restructuring program "*Cognitive Self-Change*" and a statewide effort to retrain CSC group facilitators. In several districts, drug court participants are taking part in the newly designed CSC program.

#### **Moral Reconciliation Therapy (MRT)**

Moral Reconciliation Therapy is a well evaluated and proven, cost-effective cognitive restructuring program. It is designed to advance the decision-making and judgment of participants toward more pro-social choices and resulting constructive behavior. Through two federal grants, adult and juvenile drug court treatment and other team members have received training in the methods of providing MRT and MRT groups are underway in five of the seven districts.

#### **Integrated Treatment**

Idaho drug courts have increasingly implemented an integrated treatment model in which both addiction and criminality have been identified as primary conditions to be addressed in a concurrent and integrated manner employing cognitive restructuring interventions together with intensive addiction treatment and relapse prevention efforts.

#### **Expanding the Continuum of Treatment Available to Drug Court Participants**

In 2003, the Supreme Court received two grants from federal funds to enhance drug court treatment and expand the continuum of treatment that could be made available to support drug court participants in their efforts to achieve and maintain recovery. A Center for Substance Abuse Treatment (CSAT) grant enabled Idaho to add residential treatment to the continuum of substance abuse treatment for adult drug court participants while a state-administered, federally-funded Byrne grant made residential treatment available for participants of juvenile drug courts. These funds have made it possible for drug court participants who are unable to control their alcohol/drug use to receive a more intensive and more structured treatment regimen and then return to an outpatient treatment service. The Byrne grant, specifically focused on the explosion of methamphetamine use among Idaho youth, also added extended outpatient treatment for young people as well as

mental health assessment and treatment and parental assessments and parental substance abuse treatment when parental addiction is interfering with the young persons recovery. Finally, the CSAT grant will support development of a structured transition and aftercare service to assure that gains made in the active treatment phase of drug court are maintained and generalized for long-term recovery, as drug court participation is tapered off and the person eventually graduates. Research has shown that structured, appropriate aftercare services can double the effectiveness of the initial treatment.

### **Determining Costs and Benefits**

As drug courts in Idaho make the case for continuation and expansion, it is essential to be able to assess and present the case for the cost savings to the taxpayer that can be demonstrated through the use of drug courts. In the past few years there have been cost and benefit assessment models developed that can be used to determine the financial impact from drug courts. Depending on the cost elements and the availability of data, these assessments have demonstrated returns on the drug court dollar invested of from \$2.50 to \$11 for each dollar of program cost. (Finigan, 1999.) During the coming year, technical assistance will be sought to design an Idaho cost-benefit assessment model and identify the necessary and available data to support such an assessment. Such an assessment is very important to provide a clear picture of the potential value of Idaho's drug court investment strategy.

## **BACKGROUND ON DEVELOPMENT OF IDAHO'S DRUG COURTS**

### **The National Drug Court Movement**

The drug court movement is young. It began in Miami Florida, with the Dade County Drug Court, in 1989. This burgeoning movement first developed in response to the growing number of drug cases overcrowding America's criminal court calendars. The drug court offers mostly drug offenders the choice of participating in an intensive court-monitored treatment program as an alternative to the usual court adjudication process. A recent national survey identified 1,642 "Therapeutic Courts" in the United States.

Drug court treatment includes several days during each week of participation in group and individual counseling, educational sessions, attendance at self-help support groups such as Alcoholics or Narcotics Anonymous, reading and writing assignments, community service, drug-use testing, and regular appearances in front of the drug court judge. Failure to adhere to the treatment requirements and expectations results in the assessment of sanctions including additional educational assignments, work details, community service, and even jail times. Participants move from more to less intensive phases of treatment during their drug court participation. Graduation comes when the participant has lived alcohol / drug and crime-free for a significant period of time and has reestablished a productive and contributing lifestyle.

According to James Nolan, author of *Reinventing Justice*, the "innovative adjudication model draws heavily on the American therapeutic idiom to give direction and meaning to its philosophy, forms and procedures" (Nolan, 1998). The model has received almost uniformly positive media coverage and overwhelming public support at both the national and local levels. Judges celebrate the drug court as an exciting movement, a new way of justice, even revolution in American jurisprudence. (Nolan, 2001.)

## **History of Idaho Drug Courts**

To address the growing court dockets of drug related cases, and to slow, or stop, the revolving door of drug dependent defendants entering Idaho courts, the Idaho Judiciary made expansion of drug courts its number one priority, in the 2000 legislative session. Concurrently, the Governor, faced with requests from the Idaho Department of Correction for major funding for new prison construction, developed a programmatic and budget package to carry out a major statewide substance abuse treatment initiative. This initiative included funds to expand treatment for drug court participants. Against this backdrop of converging public policy from the executive and judicial branches, the 56<sup>th</sup> Idaho Legislature took historic action and enacted Senate Bills 1171, 1257, and 1267, a coordinated set of bills enabling both parallel and integrated activity by the Supreme Court, the Department of Correction, and the Department of Health and Welfare. Senate Bill 1171 established a statutory framework for the expansion of drug courts to all judicial districts and addressed eligibility, evaluation, implementation, funding, and participant fees. This became the Idaho Drug Court Act, with its passage. ( **See Appendix A** ) Through carefully orchestrated action, all three branches of government articulated a common vision and initiated a strategic investment clearly designed to reduce the devastating and degrading impact of drugs on individuals, families, and communities, across Idaho.

State drug court funding became available July 1, 2001 and by December 31, 2001 there were 17 drug courts in operation. 11 more drug courts began operating between January 1, 2002 and March 31, 2002. Two additional drug courts began operations during fiscal year 2003 and three more were added by December 31, 2003. As of December 31, 2002, 32 drug courts are in operation serving all Judicial Districts, with an additional two problem solving courts addressing mental health and child abuse related issues.

### **Idaho's Early Drug Courts**

Drug courts began in Idaho in September 1998, starting with the Kootenai County Drug Court under Judges James Judd and Eugene Marano followed soon, thereafter, by the Ada County Drug Court, under Judge Daniel Eismann, in March 1999. These two early drug courts established solid operational foundations and demonstrated successful retention of clients in treatment and achievement of several positive outcomes. The Phase I Idaho Drug Court Evaluation, discussed in a separate section, provides further detail on the evaluation of these two early Idaho drug courts.

In addition to the Kootenai and Ada County drug courts, drug courts began in Bonneville, Bannock, Jefferson, Fremont, Madison, Power, Teton, and Twin Falls Counties, in 2000. In early 2001, just before the new Idaho drug court law began, Bingham County also started two drug courts. The early Idaho drug courts, through the vision and personal commitment of their judges, the collective efforts of their teams, including prosecutors, public defenders, probation officers, treatment providers, and drug court coordinators, and the funding acumen of their trial court administrators, built a solid foundation of operational success and public support, paving the way to statewide drug court development and the passage of the Idaho Drug Court Act.

# **A WIDER POINT OF VIEW: DRUG COURTS IN THE UNITED STATES THE STATE OF THE ART**

## **Drug Courts Nationally - The Big Picture**

A national survey conducted in November 2003 identified 1,135 drug courts, as follows:

- 661 adult drug courts
- 265 juvenile drug courts
- 113 family drug courts
- 96 DUI courts

In addition, there were 51 mental health courts identified.

## **National Drug Court Evaluations**

In 2001, Researcher, Dr. Steven Belenko, completed his third, critical review of the drug court effectiveness research. His findings in 2001 were generally consistent with earlier reviews of the research. Drug courts have achieved considerable local support and have provided intensive, long term treatment services to offenders with long histories of drug use and criminal justice contacts, previous treatment failures and high rates of health and social problems. Program completion rates are generally consistent with previous findings. The current group of evaluations presented a graduation rate range of 36% to 60% and an average of 47%. Drug use and criminal activity are relatively reduced while participants are in the program, with one of the studies showing half the rate of criminal offense for participants compared to those who left the program, and only half as many jail days for those in the program. Another evaluation reviewed showed significant reductions in arrest and incarceration during 12-month period of program participation compared to a 12-month period prior to program entry. Four of the six studies that examined one-year post program recidivism found a reduction. The size of the reduction varied across the courts. The primary drug of abuse varies across the country, with heroin predominating in the eastern United States and methamphetamine in much of the west and, increasingly, in the Midwest. Among juvenile drug courts marijuana and alcohol are the primary but not exclusive drugs of abuse. Drug court participants present with a variety of other health issues including from 20% to 46% needing mental health services, 13% to 20 % had histories of prior suicide attempts, from 15% to 38% of participants had histories of sexual abuse and from 31% to 56% had prior physical abuse. In one study 35% needed medical care and 30% had chronic health problems. Thus, these evaluation results reaffirm that, nationally, drug courts continue to serve serious, drug involved offenders, who have multiple problems, who commit fewer crimes during participation in drug court, and, for many, but not all programs, these reductions in crime continue following program completion. In addition, several studies demonstrated that per-client costs for drug court participation are lower than for standard processing, because of lower incarceration costs. However, costs for low-risk offenders may be less in straight diversion programs with similar success rates. (Belenko, 2001) Another study reported cost benefit results of from two to ten dollars returned to taxpayers for each dollar invested in drug courts. (Finigan, 1999)

A major study of drug court recidivism was completed in 2003, jointly, by the Urban Institute and Caliber Associates. Based on data from 95 drug courts, only 16.4% of drug court graduates

had rearrests on serious charges within one year of their graduation and 27.5% had such arrests within the two years following graduation. Among the drug courts studied, there was significant variation in recidivism rates. This variation is believed to be partially related to variations in the severity of the risk levels and needs of participants.

The Washington State Public Policy Institute, an organization created to carry out research on policy issues, conducted a study considering the outcomes and cost-benefit of adult drug courts in Washington. This study determined that five of the six courts studied achieved statistically significant reductions in recidivism of 13%. This rate was essentially identical to the national average of drug court outcomes found in 30 other studies reviewed by the policy institute. Using their cost-benefit model, they determined that these drug courts generated \$1.74 in benefits for each dollar of costs. They concluded that drug courts appear to be cost-effective additions to Washington's criminal justice system.

New York State completed a statewide adult drug court evaluation in October 2003, assessing the effectiveness of New York's eleven oldest and largest drug courts. The average reduction in recidivism for all the courts studies was 29% with a range of 13% to 47% reduced recidivism, measured over a three-year follow-up period. The positive results achieved in five of the six courts studies did not decrease over time. Graduates showed the most positive outcomes with drop outs faring no better and sometimes worse than the comparison groups. Between 60% and 70% of the drug courts participants completed drug court.

### **“What Works” in Drug Courts – the Research Guidance**

In a research article published in *Corrections Management Quarterly*, 2000, Johnson, Hubbard, and Latessa address key issues underlying drug court effectiveness. The article asserts that “if the drug court model hopes to achieve behavioral change through community-based treatment, the program must use empirically validated and theoretically driven treatment models (Prendergast et al, 1995). Effective treatment should be based on behavioral approaches and use cognitive strategies, be located in the offenders natural environment, be multimodal, be intensive enough to be effective encompass rewards for pro-social behavior, target high risk and high criminogenic need individuals and be matched with the learning styles and abilities of the offender (Gendreau 1996).

Drug courts should apply the following principles of effectiveness, principles that have been identified in the substantial body of research on correctional programs (Johnson et al, 2000).

- Participants should be assessed and classified according to their risk level, and intense services should be provided to the higher risk offenders. The same, intensive services provided to lower risk offenders are ineffective in reducing recidivism and, in some cases, actually increase recidivism.
- Risk and substance use should both be assessed with a standardized and validated instrument.
- The assessments should drive an individualized treatment plan based on the substance use severity and criminogenic needs identified in the assessments
- Treatment provided should be behavioral and use offender specific cognitive strategies such as cognitive restructuring designed to address criminal or risk thinking and cognitive skills development including problem solving, anger management and conflict resolution.
- Treatment intensity should vary with risk and provide a minimum of 90 days of treatment, offering at least 100 hours of treatment over a three-to-four month period. (In

the drug court program model, this phase of treatment may be understood as the second phase of the program).

- Aftercare services are critical to assure maintenance of gains made in treatment and to continue to address relapse issues ( in the drug court context aftercare can generally be understood to be the third and fourth phase of drug court treatment).
- Aftercare, in this model assumes fairly frequent contact (one or more times a week) and may include home visits.
- Aftercare services should be determined through a reassessment of needs and individualized, based on the assessment.
- Structured relapse prevention strategies offer great promise.
- Treatment provided to drug court participants should be monitored in a structured and validated manner and providers held accountable to the principles of effective intervention and quality program operations.

### **Classification of Drug Courts**

Recent research conducted by the Rand Corporation has identified the criteria by which drug courts can be classified and, as a result, can be meaningfully compared. The Rand Study identified five criteria, which can be measured on a three- point scale (high, medium, or low). The criteria are:

- Leverage                    the seriousness of the consequences faced by participants who fail to meet program requirements and are discharged from the drug court
- Population                the severity of the participants criminal involvement and drug use
- Program                    minimum structured requirement for program completion
- Intensity                    including elements such as frequency of urine drug testing, frequency of court appearances, and required hours of treatment
- Predictability             the degree to which participants know how the court will respond if they are compliant or non-compliant such as consistency of rewards and sanctions, time between noncompliance and response and perceived predictability
- Rehabilitation            the degree of emphasis placed on rehabilitation of the participants compared to other court functions, such a case processing and punishment, including collaborative decision-making, attention to multiple participant needs, court session dynamics, limited adversarial interactions and positive reinforcements and graduated sanctions

### **Evolution of the Drug Court Model**

The drug court model began as a method of dealing more effectively and expeditiously with adults charged with first time drug possession. Rather quickly, the courts found the initial admission criteria to be too restrictive, as other offenders with clear drug dependence whose crimes were substantially correlated with this addiction, showed promise of better outcomes through being allowed to participate in the drug court. Increased court oversight combined with meaningful and mandated treatment resulted in better community protection, lower justice system costs and better outcomes for participants, including return to productive, responsible, tax

paying lives. From the initial focus, the drug court model has evolved to provide a more effective judicial response to a wider range of cases.

Juvenile drug courts address the multiplicity of needs of the juvenile offender with substance abuse or dependence. The engagement of the court system has provided a useful focus for comprehensive, well orchestrated, and strongly accountable interagency collaboration to address both the needs of the child and of the family. Juvenile drug courts also use the court's contempt power to mandate parental involvement in needed family support and rehabilitative services. In some jurisdictions, the treatment services provided can actually go into the home to provide family intervention.

DUI courts have successfully applied the components of drug court to deal with individuals charged with multiple DUI offenses. Such multiple DUI offenders are most frequently alcohol dependent and generally difficult to maintain in treatment without the court involvement and related accountability offered by drug court. Idaho's three DUI courts have had considerable success and there is interest at the national level in expanding DUI courts in an effort to break through the current plateau that has been reached in the rate of drinking-driving fatalities.

In many child protection cases, substance dependence makes meeting parenting responsibilities impossible. Typically these cases result in costly and traumatic out of home placement for the children. They increasingly can end in termination of parental rights and permanent removal of children from their parents, under the strict timelines of the Adoption and Safe Families Act. Family or Child Protection drug courts have shown promise in achieving effective reunification of families as parental substance dependence is effectively addressed through the drug court treatment model.

As described earlier, the drug court model is being used to address the needs of the mentally ill offender. Such offenders are often poorly suited to incarceration or to traditional case processing, but community treatment limitations make their continued engagement in treatment hard to maintain. Many of these mentally ill offenders also are alcohol or other drug dependent, compounding their problems and leading to substantial recidivism. The participation in the drug court model has shown promise to more effectively maintain treatment compliance and crime-free, community living for these individuals. This model offers promise for expansion to additional Idaho communities in the future.

## APPENDIX A. Idaho Drug Court Act

### TITLE 19 CRIMINAL PROCEDURE CHAPTER 56 IDAHO DRUG COURT ACT

**19-5601. SHORT TITLE.** This chapter shall be known and may be cited as the "Idaho Drug Court Act."

**19-5602. STATEMENT OF POLICY.** The legislature finds that:

(1) Substance abuse is a contributing cause for much of the crime in Idaho, costs millions of dollars in productivity, contributes to the ever increasing jail and prison populations and adversely impacts Idaho children;

(2) Drug courts which closely supervise, monitor, test and treat substance abusers have proven effective in certain judicial districts in Idaho and in other states in reducing the incidence of drug use, drug addiction, and crimes committed as a result of drug use and drug addiction. Successful drug courts are based on partnerships among the courts, law enforcement, corrections and social welfare agencies;

(3) It is in the best interests of the citizens of this state to expand the use of drug courts in Idaho.

The goals of the drug courts created by this chapter are to reduce the overcrowding of jails and prisons, to reduce alcohol and drug abuse and dependency among criminal and juvenile offenders, to hold offenders accountable, to reduce recidivism, and to promote effective interaction and use of resources among the courts, justice system personnel and community agencies.

**19-5603. DRUG COURT -- ESTABLISHMENT.** The district court in each county may establish a drug court which shall include a regimen of graduated sanctions and rewards, substance abuse treatment, close court monitoring and supervision of progress, educational or vocational counseling as appropriate, and other requirements as may be established by the district court, in accordance with standards developed by the Idaho supreme court drug court coordinating committee.

**19-5604. ELIGIBILITY.** No person has a right to be admitted into drug court. The drug court in each county shall determine the eligibility of persons who may be admitted into drug court except that each candidate, prior to being admitted, must undergo: (a) a substance abuse assessment; and (b) a criminogenic risk assessment. No person shall be eligible to participate in drug court if any of the following apply:

(1) The person is currently charged with, has pled or has been adjudicated or found guilty of, a felony crime of violence or a felony crime in which the person used either a firearm or a deadly weapon or instrument.

(2) The person is currently charged with, or has pled or been found guilty of, a felony in which the person committed, attempted to commit, conspired to commit, or intended to commit a sex offense.

**19-5605. DRUG COURT EVALUATION.** The district court of each county which has implemented a drug court program shall annually evaluate the program's effectiveness and provide a report to the supreme court as requested. A report evaluating the effectiveness of drug courts in the state shall be submitted to the governor and to the legislature by the first day of the legislative session each year.

**19-5606. IMPLEMENTATION OF DRUG COURTS.** The supreme court shall establish a drug court coordinating committee consisting of judges, court administrators, drug court coordinators, prosecuting attorneys, public defenders, state and county probation officers, treatment providers, representatives of the department of correction, the department of education, the commission of pardons and parole, the department of health and welfare, the department of juvenile corrections, the Idaho state police, the Idaho transportation department, legislators, a representative of the governor's office, law enforcement officers, mental health professionals, and others, which shall establish a drug court implementation plan and oversee ongoing drug court programs. The implementation plan shall include a strategy to forge partnerships among drug courts, public agencies, and community-based organizations to enhance drug court effectiveness. The committee shall also develop guidelines for drug courts addressing eligibility, identification and screening, assessment, treatment and treatment providers, case management and supervision, and evaluation. The coordinating committee shall also solicit specific drug court plans, and recommend funding priorities and decisions per judicial district; pursue all available alternate funding; provide technical assistance, develop procedural manuals, and schedule training opportunities for the drug court teams; design an evaluation strategy, including participation in the statewide substance abuse evaluation plan; and design an automated drug court management information system, which promotes information sharing with other entities.

**19-5607. DRUG COURT FUNDING.** Subject to the appropriation power of the legislature, the supreme court shall be responsible for administering, allocating and apportioning all appropriations from the legislature for drug courts.

## **APPENDIX B . NATIONAL DRUG COURT GUIDANCE**

### **Ten Key Components of Drug Courts - National Drug Court Institute**

The incorporation of and adherence to the following core principles and practices is essential to drug courts.

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

### **Policy Considerations - Department of Justice**

In addition to the *Ten Key Components* the Department of Justice has published the following guidance to drug courts for system development and planning consideration.

1. Drug courts should establish and formalize more effective linkages with local service delivery systems and State and local alcohol and drug agencies.
2. States and localities should explore the development of drug court treatment standards.
3. Drug court professionals and drug court treatment providers need skill-based training and technical assistance to improve engagement and retention of participants.
4. Drug courts should improve the methods and protocols for screening, assessing,

and placing participants in treatment.

5. Drug courts should implement effective management information systems to monitor program activity and improve operations.
6. To achieve greater impact within the communities they serve, drug courts should strive to expand capacity and demonstrate that they are integral to the justice and substance abuse treatment systems.

**APPENDIX C. PRINCIPLES OF DRUG ADDICTION TREATMENT**  
**National Institute on Drug Abuse**

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period is critical for treatment effectiveness.
6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should have integrated treatment for both.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

## **APPENDIX D. Eight Principles of Effective Correctional Intervention**

(From *Correctional Program Assessment Inventory – 2000*, Gendreau and Andrews, 2001)

### **1. Organizational Culture**

Effective organizations have well-defined goals, ethical principles, and a history of efficiently responding to issues that have an impact on the treatment facilities. Staff cohesion, support for service training, self-evaluation, and use of outside resources also characterize the organization.

### **2. Program implementation/Maintenance**

Programs are based on empirically-defined needs and are consistent with the organization's values. The program is fiscally responsible and congruent with stakeholders' values. Effective programs also are based on thorough reviews of the literature (i.e., meta-analyses), undergo pilot trials, and maintain the staff's credentials.

### **3. Management/Staff Characteristics**

The program director and treatment staff are professionally trained and have previous experience working in offender treatment programs. Staff selection is based on their holding beliefs supportive of rehabilitation and relationship styles and therapeutic skill factors typical of effective therapies.

### **4. Client Risk/Need Practices**

Offender risk is assessed, by psychometric instruments of proven predictive validity. The risk instrument consists of a wide range of dynamic risk factors or criminogenic needs (e.g., anti-social attitudes and values). The assessment also takes into account the responsivity of offenders to different styles and modes of service. Changes in risk level over time (e.g., 3 to 6 months) are routinely assessed in order to measure intermediate changes in risk/need levels that may occur as a result of planned interventions.

### **5. Program Characteristics**

The program targets for change a wide variety of criminogenic needs (factors that predict recidivism), using empirically valid behavioral/social learning/cognitive behavioral therapies that are directed to higher-risk offenders. The ratio of rewards to punishers is at least 4:1. Relapse prevention strategies are available once offenders complete the formal treatment phase.

### **6. Core Correctional Practice**

Program therapists engage in the following therapeutic practices: anti-criminal modeling, effective reinforcement and disapproval, problem-solving techniques, structured learning procedures for skill-building, effective use of authority, cognitive self-change, relationship practices, and motivational interviewing.

### **7. Inter-Agency Communication**

The agency aggressively makes referrals and advocates for its offenders in order that they receive high quality services in the community.

### **8. Evaluation**

The agency routinely conducts program audits, consumer satisfaction surveys, process evaluations of changes in criminogenic need, and follow-ups of recidivism rates. The effectiveness of the program is evaluated by comparing the respective recidivism rates of risk-control comparison groups of other treatments or those of a minimal treatment group.

## REFERENCES & AVAILABLE RESOURCES

Aos, S., Barnoski, R., (2003) *Washington State's Drug Courts for Adult Defendants: Outcome Evaluation and Cost Benefit Analysis*, Olympia, Washington, Washington Institute for Public Policy.

Belenko, S., (2001) *Research on Drug Courts: A Critical Review*. New York, N.Y., The National Center on Addiction and Substance Abuse at Columbia University.

Dickey, W.J., (2001) *Community Justice in Rural America – Four Examples and Four Futures*. Washington, D.C., U.S. Department of Justice.

Finigan, M., (1999) Assessing cost off-sets in a drug court setting. National Drug Court Institute Review, II(2).

Freeman – Wilson, K., Tuttle, R., Weinstein, S.P., ( 2001) *Ethical considerations for Judges and Attorneys in Drug Court*. Washington, D.C., U.S. Department of Justice.

Latessa, E.J., (1999) *What Works. Strategic Solutions: The International Community Corrections Association Examines Substance Abuse*. Lanham, MD., American Correctional Association.

Nolan, J.L, (2001) *Reinventing Justice, the American Drug Court Movement*. Princeton, N.J., Princeton University Press.

Prendergast, M., Anglin, D.M., Wellisch, J., (1995) Up to Speed: Treatment for Drug Abusing Offenders Under Community Supervision, Federal Probation, 59 (4).

**Critical Issues for Defense Attorneys in Drug Courts, (2003)** National Drug Court Institute, National Association of Drug Court Professionals

**Defining Drug Courts: The Key Components.** U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office.

**Drug Court Publications Resource Guide Fourth Edition (2002)** National Drug Court Institute, National Association of Drug Court Professionals.

**Guidelines for Drug Courts on Screening and Assessment.** U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office.

**Principles of Drug Addiction Treatment: A Research-Based Guide.** National Institute on Drug Abuse.

*For Additional Information Contact: The Idaho State Supreme Court  
Norma D. Jaeger, Statewide Drug Court Coordinator (208) 947-7406  
Or see: [www2.state.id.us/judicial](http://www2.state.id.us/judicial) and select drug court*